

IN THE CIRCUIT COURT OF THE FIFTEENTH
JUDICIAL CIRCUIT, IN AND FOR PALM
BEACH COUNTY, FLORIDA

CASE NO.: 502015CA002369AN

EDMUNDO PEREZ, as Personal Representative
of the Estate of ASHLEY PEREZ, Deceased, on
behalf of the Estate of ASHLEY PEREZ and the
lawful survivors of the Decedent, To Wit:
AMALIA PEREZ, as surviving minor daughter,
and DYLAN PEREZ, as surviving minor son,

Plaintiff(s),

vs.

WELLINGTON REGIONAL MEDICAL
CENTER, INC., individually and on behalf of its
agents, apparent agents, servants and employees;
JAMES JUSTIN GOAD, M.D.; PALM BEACH
GENERAL SURGERY d/b/a THE CENTER FOR
ADVANCED SURGICAL CARE; ST. MARY'S
MEDICAL CENTER, INC., d/b/a ST. MARY'S
MEDICAL CENTER; WILLIAM JEFFREY
DAVIS, D.O.; PALM BEACH TRAUMA
ASSOCIATES, individually and on behalf of its
partners, agents, apparent agents, servants and
employees; ROBERT BORREGO, M.D., P.A.,
independently and as general partner of PALM
BEACH TRAUMA ASSOCIATES; AHMED EL-
HADDAD, M.D., P.A.; DIMITER B. HRISTOV,
M.D., P.A., independently and as general partner of
PALM BEACH TRAUMA ASSOCIATES;
RAYMOND HENDERSON, SR., M.D.; and
RAYMOND HENDERSON, SR., M.D., P.A.,

Defendant(s).

PLAINTIFF'S PROFFER AND MEMORANDUM OF LAW
IN SUPPORT OF MOTION TO AMEND AMENDED COMPLAINT
TO ADD CLAIM FOR PUNITIVE DAMAGES AGAINST
WILLIAM JEFFREY DAVIS, D.O. AND
ST. MARY'S MEDICAL CENTER, INC.,
D/B/A ST. MARY'S MEDICAL CENTER

Plaintiff, EDMUNDO PEREZ, as Personal Representative of the Estate of
ASHLEY PEREZ, Deceased, on behalf of the Estate of ASHLEY PEREZ and the

lawful survivors of the Decedent, To Wit: AMALIA PEREZ, as surviving minor daughter, and DYLAN PEREZ, as surviving minor son, by and through the undersigned attorneys, hereby file this Proffer and Memorandum of Law in Support of their Motion to Amend Amended Complaint to Add a Claim for Punitive Damages against Defendants, ST. MARY'S MEDICAL CENTER, INC., d/b/a ST. MARY'S MEDICAL CENTER and WILLIAM JEFFREY DAVIS, D.O.

Legal Standard for Stating a Claim for Punitive Damages

Punitive damages act as a punishment to deter wrongful conduct and "to vindicate wrongs arising from antisocial behavior. The incentive to bring actions for punitive damages is favored because it has been determined to be the most satisfactory way to correct evil-doing in areas not covered by the criminal law." *Johns-Manville Sales Corp. v. Janssens*, 463 So. 2d 242, 247 (Fla. 1st DCA 1984) (citations omitted). Plaintiff seeks to amend the Complaint to state a claim for punitive damages pursuant to §768.72, Florida Statutes, and Florida Rule of Civil Procedure 1.190. In pertinent part, §768.72, provides:

In any civil action, no claim for punitive damages shall be permitted unless there is a reasonable showing by evidence in the record or proffered by the claimant which would provide a reasonable basis for recovery of such damages. The claimant may move to amend her or his complaint to assert a claim for punitive damages as allowed by the rules of civil procedure.

§768.72(1), Fla. Stat. Rule 1.190(f) states: "A motion for leave to amend a pleading to assert a claim for punitive damages shall make a reasonable showing, by evidence in the record or evidence to be proffered by the claimant, that provides a reasonable basis for recovery of such damages."

Thus, in order to plead a claim for punitive damages, Plaintiffs need only provide the

Court with a showing of a "reasonable basis" for the recovery of such damages. See *Strasser v. Yalamanchi*, 677 So. 2d 22, 23 (Fla. 4th DCA 1996). "[A]n evidentiary hearing where witnesses testify and evidence is offered and scrutinized under the pertinent evidentiary rules, as in a trial,

is neither contemplated nor mandated by the statute in order to determine whether a reasonable basis has been established to plead punitive damages." *Estate of Despain v. Avante Group, Inc.*, 900 So. 2d 637, 642 (Fla. 5th DCA 2005). Plaintiffs may establish the reasonable basis for punitive damages by proffer, which is "is merely a representation of what evidence the [party] proposes to present and is not actual evidence." *Id.* (quoting *Grim v. State*, 841 So. 2d 455, 462

(Fla. 2003)). "[T]he standard that applies to determine whether a reasonable basis has been shown to plead a claim for punitive damages should be similar to the standard that is applied to determine whether a complaint states a cause of action."

Id. at 644. **The proffer, therefore, is reviewed in the light most favorable to the Plaintiff and accepted as true.** *Id.* (citing *Sobi vs Fairfield Resorts, Inc.*, 846 So. 2d 1204 (Fla. 5th DCA 2003)) (emphasis added).

Pursuant to §768.72(2), a defendant may be held liable for punitive damages based upon clear and convincing evidence of ... gross negligence. "'Gross negligence' means that the defendant's conduct was so reckless or wanting in care that it constituted a conscious disregard or indifference to the life, safety, or rights of persons exposed to such conduct." §768.72(2)(b). In addition, an employer, principal, corporation or other legal entity may be held liable for the conduct of an employee or agent only if the conduct of the employee or agent meets the criteria specified in §768.72(2)(b) and:

- (a) The employer, principal, corporation, or other legal entity actively and knowingly participated in such conduct;
- (b) The officers, directors, or managers of the employer, principal, corporation, or other legal entity knowingly condoned, ratified, or consented to such conduct; or
- (c) The employer, principal, corporation, or other legal entity engaged in conduct that constituted gross negligence and that contributed to the loss, damages, or injury suffered by

the claimant.

§768.72(3), Fla. Stat.

Plaintiffs do not have to *prove* any of the above in order to amend the Complaint; Plaintiffs *need only provide a reasonable basis* for the recovery of punitive damages in the form of a proffer of evidence or presentation of record evidence. As demonstrated below, Plaintiffs' proffer of evidence satisfies both subsections (2)(b), (3)(b) and (3)(c) of § 768.72. Therefore, the Court should grant Plaintiff's Motion for Leave to Amend the Complaint to add a claim for punitive damages.

Background and Proffer

This is a wrongful death action arising from medical negligence. On April 21, 2014, 29-year old Ashley Perez presented to her obstetrician, Berto Lopez, M.D.'s office with signs consistent with an emergent pre-eclamptic condition. Dr. Lopez immediately recognized the emergent nature of this condition and drove Ashley to Wellington Regional Medical Center in his personal vehicle. At approximately 3:00 p.m. Dr. Lopez performed an emergency C-section followed by a tubal ligation at Wellington Regional Medical Center. Following surgery, at approximately 6 p.m., Ashley began to exhibit symptoms of hemorrhagic shock from

a source of intra-abdominal bleeding. During this time, Ashley had an acute change in her blood pressure, respiratory status and mental status. At 6:05 p.m., a rapid response team was called by the delivery room nurse and Ashley was transferred to the ICU at Wellington Regional Medical Center where she was treated for several hours, intubated, and given fluids and blood. Ultimately, it was determined by the intensivists in the ICU that Ashley was suffering from some type of intra-abdominal bleed. At approximately 9:00 p.m., based upon the bedside ultrasound being viewed in live time, Dr. Lopez concluded that the most likely source of the bleed was from a liver capsule rupture. Dr. Lopez, who did not have the education, training or experience to treat a bleed from a liver capsule rupture began making calls seeking surgical assistance for his patient. At approximately 9:00 p.m., after reviewing the bedside ultrasound, Dr. Lopez called Dr. Goad, the on-call general surgeon at Wellington Regional, who at the time of the phone call was home just miles away from the hospital. Dr. Goad refused to assist Dr. Lopez and instead advised Dr. Lopez to transfer his patient to the trauma team surgeons at St. Mary's Medical Center. *See St. Mary's Certification of Transfer Appropriateness Form attached as Exhibit 1.* After this phone call between Dr. Lopez and Dr. Goad, St. Mary's Medical Center accepted Ashley Perez in transfer from Wellington Regional Medical Center. *See Transfer In Form attached as Exhibit 2.* Dr. Lopez spoke to

the transfer center nurse at St. Mary's and advised he was sending Ashley to St. Mary's for trauma surgery services. *See* St. Mary's Medical Center Transfer Center Supplemental Nurses Notes at 20:55 attached as Exhibit 3. After the on-call surgeon at Wellington refused to come in and help, and after speaking with the St. Mary's transfer center, Dr. Lopez made repeated phone calls in an effort to transfer his patient to St. Mary's for emergency care and his pleas were tossed between members of St. Mary's administrative staff, most notably, Chief Medical Officer, William Jeffrey Davis, D.O., medical staff and the trauma team, while Ashley Perez continued to hemorrhage¹. At 10:12 p.m., Dr. Lopez spoke to Ahmed El-Haddad, M.D., the on-call trauma surgeon at St. Mary's. During this call Dr. El-Haddad explained that Ashley required a general surgeon not a trauma surgeon and that he refused to see Ashley. *See* St. Mary's Medical Center Transfer Center Supplemental Nurses Notes at 22:12 attached as Exhibit 3. Immediately after Dr. El-Haddad refused to see Ashley, Dr. Lopez went up the chain of command at St. Mary's and asked to speak with the Chief Medical Officer, William Jeffrey Davis, D.O., who oversees the clinical operations at St. Mary's and is comparable to a CEO of a business organization, but here, instead of overseeing business operations, oversees

¹ Please see attached audio CD, as well as transcriptions of audio recordings between medical providers and St. Mary's Medical Center (Composite Exhibit 4).

clinical/medical operations. Instead of speaking with Dr. Lopez, Dr. Davis referred Dr. Lopez to Robert Borrego, M.D., director of trauma services at St. Mary's. At 10:18 p.m. Dr. Lopez was connected to Robert Borrego, M.D. During this call, Dr. Borrego explained that Ashley needed a general surgeon not a trauma surgeon, that Dr. El Haddad did not need to see Ashley in transfer and that Dr. Lopez should contact the on call general surgeon at St. Mary's, Raymond Henderson, M.D. *See* St. Mary's Medical Center Transfer Center Supplemental Nurses Notes at 22:18 attached as Exhibit 3. At 10:42 p.m. Raymond Henderson, M.D. explained that he could not treat Ashley because he did not have privileges to treat the liver and advised that St. Mary's should not accept Ashley in transfer if trauma services does not agree to see Ashley. *See* St. Mary's Medical Center Transfer Center Supplemental Nurses Notes at 22:42 attached as Exhibit 3. Immediately after being notified that both the trauma service and the on call general surgeon refused to treat Ashley, the transfer center nurse notified William Jeffrey Davis, D.O. of this situation. *See* St. Mary's Medical Center Transfer Center Supplemental Nurses Notes at 22:42 attached as Exhibit 3. Notwithstanding the fact that no surgeon would see Ashley at St. Mary's in transfer, William Jeffrey Davis, D.O. put in place a plan where Dr. Lopez would admit Ashley to St. Mary's and write for a critical care consult upon her arrival, and once the critical care consult was written trauma

services would evaluate. *See* St. Mary's Medical Center Transfer Center Supplemental Nurses Notes at 23:00 attached as Exhibit 3. Immediately after that call, Dr. Lopez spoke with a hospitalist, Mukesh Kumar, M.D., and asked if he would be the admitting physician since Dr. Lopez did not have ICU privileges for admit and that he would follow her for obstetrics. *See* St. Mary's Medical Center Transfer Center Supplemental Nurses Notes at 23:00 attached as Exhibit 3. At 11:09 p.m., Dr. Lopez spoke with William Jeffrey Davis, M.D. and advised of the updated plan wherein Mukesh Kumar, M.D. would be the admitting physician to the ICU and Dr. Lopez would oversee Ashley's obstetrical needs. William Jeffrey Davis, D.O. agreed to this plan. *See* St. Mary's Medical Center Transfer Center Supplemental Nurses Notes at 23:09 attached as exhibit 3. The final St. Mary's Transfer Center Supplemental Nurses Note stated as follows:

“Dr. Kumar advised per instruction of Dr. Davis to wrote consult as follows: “Critical Care Consult” Dr. Kumar agreed to same.

Ultimately, Chief Medical Officer, William Jeffrey Davis, D.O., and St. Mary's accepted Ashley Perez in transfer, however, William Jeffrey Davis, D.O. never communicated his final plan to any surgeon nor did he order any of the necessary physicians at St. Mary's to treat Ashley upon her arrival. Essentially, all medical staff who had the education, training and experience to care for Ashley were

completely left in the dark. Most notably, William Jeffrey Davis, D.O., never communicated to any of the trauma surgeons or general surgeons that they needed treat Ashley Perez. Even after Ashley's admission to St. Mary's ICU, the trauma team refused to see her despite pleas from hospitalist, Mukesh Kumar, M.D. in the ICU. *See* Mukesh Kumar, M.D.'s Consultation Report wherein he spoke with Ahmed El-Haddad, M.D. at 4 a.m. and Dimitar Hristov, M.D. at 6 a.m. attached as Exhibit 5.

What made matters worse is that once the transfer was approved by St. Mary's at approximately 9:00 p.m. it took over 5 hours to transfer Ashley approximately the 20 miles from Wellington Regional Hospital to St. Mary's. *See* AMR Report attached as Exhibit 6. By the time Ashley Perez was taken to the operating room at approximately 10 a.m. on April 22, 2014, 7 hours after her admittance to St. Mary's, it was too late to save her life. Ashley Perez died after surgery as a result of severe intra-abdominal bleeding.

Plaintiff's expert has opined that the deviations in the standard of care which occurred in this case rose to a level of reckless disregard for the life and safety of Ashley Perez.

Plaintiff's hospital administration expert, Thomas Bojko, M.D., has opined that there exists a claim of negligent injury against William Jeffrey Davis, D.O., and St. Mary's Medical Center for the following reasons:

- a) When William Jeffrey Davis, D.O. decided on April 21, 2014 to accept Ashley Perez in transfer on behalf of St. Mary's Medical Center, notwithstanding any contractual agreements in place at his hospital, Williams Jeffrey Davis, D.O., as CMO of St. Mary's Medical Center, determined that the hospital and its trauma service would treat Ashley Perez;
- b) Williams Jeffrey Davis, D.O. knew at the time of his acceptance of Ashley Perez in transfer from Wellington Regional Medical Center on the evening of April 21, 2014, that she was in dire need of – and being expressly transferred for – emergency life-saving surgery to stop an intra-abdominal hemorrhage;
- c) By St. Mary's Medical Center accepting Ashley Perez under these circumstances and with this expressed knowledge, William Jeffrey Davis, D.O., on behalf of St. Mary's Medical Center, accepted responsibility for the life, safety and well-being of this patient and had a non-delegable duty to enforce his decision that the trauma service see Ashley Perez upon her arrival by giving direct and clear orders to the trauma surgeons or the general surgeons on call;
- d) St. Mary's Medical Center, as a health care facility promoting itself to its community for its “top-level care” and specialists committed to saving lives, likewise had an institutional duty to have in place and follow clear procedural guidelines for the adequate and timely medical and surgical management of Ashley Perez, and did not;
- e) Notwithstanding any contractual agreements in place at the time, Ashley Perez, while at St. Mary's Medical Center, was bleeding internally and suffering from hemorrhagic shock, and Dr. El-Haddad, Dr. Hristov and the trauma service had the training,

experience, and expertise to save Ashley Perez's life and should have timely evaluated her and managed her critical care needs as per the plan and instructions put in place by CMO, William Jeffrey Davis, D.O.;

- f) Per William Jeffrey Davis, D.O.'s recorded phone call and deposition testimony, William Jeffrey Davis, D.O. stated that providing critical care services was a role and function of the surgical critical care specialists on the Trauma Service at St. Mary's Medical Center, and as such, he had a non-delegable duty to make sure that the trauma surgeons understood their role, which they did not, and further had a non-delegable duty to follow up and give direct orders to treat this patient once St. Mary's Medical Center decided to admit her.

Per the affidavit, attached as Exhibit 7, Plaintiff's hospital administration expert has opined that "these violations together rise to the level of reckless disregard for the life and safety of Ashley Perez, and the conduct by these defendants demonstrated a conscious disregard or indifference to the life, safety and well-being of Ashley Perez." Dr. Bojko has also opined that within a reasonable degree of probability, Ms. Perez's death on April 23, 2014 was as a direct result of the negligence and reckless conduct by William Jeffrey Davis, D.O. and St. Mary's Medical Center.

Not only has Plaintiff's expert testified that William Jeffrey Davis's conduct was reckless, but the on-call trauma surgeon at St. Mary's on April 21, 2014, Ahmed El Haddad, M.D., has also testified under oath that William Jeffrey Davis, D.O.'s

actions were reckless in his expectation that trauma surgeons would see Ashley Perez by writing a consult note and in failing to notify any of the surgeons of his plan. *See* Ahmed El Haddad, M.D.'s deposition attached as Exhibit 8. The pertinent parts of Ahmed El Haddad, M.D.'s deposition is cited below.

Page: 54 and 55, lines 7-11, 15, 19 – 24, 3:

7 Q. So my question is this: Was it reckless
8 of Dr. Davis to assume that writing critical care in
9 the face of trauma and the two general surgeons saying
10 we're not going to see her, would be enough to get
11 somebody to evaluate Ashley Perez?

15 A. Yes.

19 Q. Was it reckless for Dr. Davis, knowing
20 what we just knew, the two general surgeons in trauma
21 service said I'm not going to see this patient, to
22 accept the transfer of this young mother without
23 ordering some physician who had surgical skills to see
24 and evaluate this patient?

3 A. Yes.

Additionally, Ahmed El-Haddad testified that the plan William Jeffrey Davis, D.O. put in place simply could not have triggered a surgeon to see Ashley Perez.

Page: 36 and 37, lines 5 -8, 11 – 13, 23-1, 3 – 17, 9:

5 Now, writing a critical care consult, does
6 that mean that trauma services are going to come take
7 care of her?

8 A. No.

11 Dr. Davis, the chief medical officer, then
12 says in the very next line, "Once critical care
13 consult written, trauma services will evaluate."

23 When he writes this down -- I mean, when
24 he gives this order and the nurse writes this down,
25 once critical care consult written, trauma services

1 will evaluate," is that accurate?

3 A. No, it is not accurate.

4 BY MR. BARNHART:

5 Q. I mean, it's accurately written, but I
6 want to go -- is that what happens?

7 A. That's not what happens.

8 Q. How so?

9 A. In 2014, and since I've been there since
10 2007, there is no critical care team at St. Mary's
11 Hospital, nor is there a call schedule for critical
12 care, therefore, to ask for a critical care consult is
13 very inaccurate.

14 Q. In other words, when the chief medical
15 officer gives his final plans and tells everybody what
16 to do, his final plans were not going to be -- it
17 couldn't happen?

19 A. It could not happen.

Further, Ahmed El-Haddad, M.D. testified had William Jeffrey Davis, D.O. contacted him about Ashley Perez he would have seen her.

Page: 38 and 39, Lines 3-9, 11; 11-17; Page: 41, Lines 24 -14:

3 A. I did not receive any phone calls from
4 anyone else regarding this matter.

5 Q. So if that's what Dr. Davis wanted,
6 critical care, which would invoke trauma services, he
7 had to actually call you or somebody like you, one of
8 your partners, to say you need to see this young
9 mother?

11 A. Correct.

12 BY MR. BARNHART:

13 Q. Did that phone call ever take place?

14 A. No, it did not.

15 Q. Did you at this point know of the final
16 plan?

17 A. No, I did not.

20 Q. As far as you noted, Dr. Davis, I think we
21 already talked -- Dr. Davis never called you and
22 ordered you to see this patient, did he?

23 A. Correct.

24 Q. If he expected you, because you're the
25 on-call doctor for trauma, to see this patient after
1 the admitting doctor writes critical care consult, did
2 he have an obligation to pick up the phone and tell
3 you that?

6 A. He could have called me and told me that.

7 BY MR. BARNHART:

8 Q. If he had called you and said, look, I'm
9 the chief medical officer, you're on call trauma, but
10 you also do critical care, I want you to see this
11 patient, then would you have seen the patient?

14 A. Yes, I would have.

Finally, Ahmed El-Haddad testified that it was William Jeffrey Davis, D.O.'s obligation to make sure a surgeon was available.

Page: 44 - 46, lines 17 – 23, 25 – 3, 5 -17.

17 Q. If he still decides to accept her, that is
18 Dr. Davis, is it the obligation of the accepting
19 hospital, St. Mary's through its chief medical
20 officer, to make sure that someone is there with
21 surgical skills to evaluate her?

23 A. Yes.

25 Q. It may be trauma, it may be general
1 surgery, but somebody who can actually do that?

3 A. Yes.

5 Q. And Dr. Kumar -- did you know Dr. Kumar?
6 A. Yes.
7 Q. So Dr. Kumar was an intensivist or
8 hospitalist?
9 A. He's a hospitalist, he's not an
10 intensivist.
11 Q. He did not have surgical skills, did he?
12 A. No, he does not.
13 Q. So saying admit to Dr. Kumar, everyone at
14 that point knew that Dr. Kumar could not operate?
15 A. Correct.
16 Q. That's just not the kind of doctor he is?
17 A. Correct.

Based upon the above, by accepting Ashley Perez in transfer without communicating to any surgeon to treat Ashley Perez, William Jeffrey Davis, D.O., essentially sentenced Ashley Perez to death.

William Jeffrey Davis, D.O. was acting as St. Mary's Medical Center Chief Medical Officer.

William Jeffrey Davis, D.O. was an officer of St. Mary's Medical Center. He served as their Chief Medical Officer. Further, William Jeffrey Davis, D.O. testified at his deposition that as the Chief Medical Officer he was involved with the interface with the staff physicians and attended all the peer review committees, all the utilization review committees as well

as any high level administrative meeting. Most importantly, he also testified that 24 hours a day, seven days a week for nine years he was on call for the transfer center and mediated any disputes at the transfer center. *See* William Jeffrey Davis's deposition cited below. His entire deposition is attached as Exhibit 9.

Page: 15, lines 2-4; Page: 16, lines 21-25; Page 17, 1-25; Page 18, Lines 1-12.

2 Q All right. So at some point, did you become
3 employed with St. Mary's Medical Center?

4 A 2007, December 2007.

21 Q So what was your relationship with, say, the
22 CEO of the hospital?

23 A Well, I was part of the administrative team,
24 so, you know, we worked hand in hand.

25 Q All right. Well, why don't you just tell us,

1 A I wouldn't say mediate disputes. Maybe --

2 Q Deal with disputes?

3 A Deal with issues surrounding the transfer
4 center. So, you know, sometimes outlying hospitals
5 would not accurately represent what was wrong with the
6 patient or would try to dump an uninsured patient on
7 St. Mary's, so it was my job to kind of weed that out
8 and find out what was going on.

9 Q All right. You started in 2007. When did you
10 leave?

11 A June 30th of 2016 -- I'm sorry, June 10th.
12 June 10th.

Conclusion

Plaintiffs proffer contains the opinions of a medical expert, who agrees that the care provided by the Defendants in this case rose to the level of reckless disregard for the life and safety of Ashley Perez and demonstrated a conscious disregard or indifference to Ms. Perez's life, safety and well-being.

Furthermore, this conduct was either committed by, or knowingly condoned, ratified or consented to by Chief Medical Officer, William Jeffrey Davis, D.O., agent of St. Mary's Medical Center. Therefore, Plaintiff has also met the requirements for the imposition of punitive damages pursuant to §768.72(3)(b), Fla. Stat.

WHEREFORE, Plaintiff respectfully requests this Court to enter an Order granting their Motion to Amend Amended Complaint to Add a Claim for Punitive Damages against Defendants, ST. MARY'S MEDICAL CENTER, INC., d/b/a ST. MARY'S MEDICAL CENTER, and WILLIAM JEFFREY DAVIS, D.O. Attached hereto as Exhibit B is Plaintiff's proposed Second Amended Complaint.

I HEREBY CERTIFY that a true and correct copy of the foregoing was sent via E-Serve to all Counsel on the attached list, this 3rd day of July, 2018.

/s/ ADAM S. HECHT

Adam S. Hecht

Florida Bar No.: 64307

Attorney E-Mail(s): ahecht@searcylaw.com and
nbullard@searcylaw.com

Primary E-Mail: _hechtteam@searcylaw.com

Searcy Denney Scarola Barnhart & Shipley, P.A.

2139 Palm Beach Lakes Boulevard

West Palm Beach, Florida 33409

Phone: (561) 686-6300

Fax: (561) 383-9455

Attorney for Plaintiff(s)

NOT A CERTIFIED COPY

COUNSEL LIST

Keith J. Puya, Esquire
eservice@puyalaw.com;
kpuya@puyalaw.com
Keith J. Puya, Esquire
kpuya@puyalaw.com; kari@puyalaw.com;
scheduling@puyalaw.com;
Law Offices of Keith J. Puya, P.A.
4880 Donald Ross Road, Suite 225
Palm Beach Gardens, FL 33418
Phone: (561)-408-3772
Fax: (561)-408-3759
Attorneys for Ahmed El-Haddad, M.D.

Scott E. Solomon, Esquire
ssolomon@falkwaas.com;
tperez@falkwaas.com;
smanoah@falkwaas.com
Falk Waas Hernandez Cortina Solomon &
Bonner, P.A.
135 San Lorenzo Avenue, Suite 500
Coral Gables, FL 33146
Phone: (305)-447-6500
Fax: (305)-447-1777
Attorneys for James J. Goad, M.D. & Palm
Beach General Surgery, LLC d/b/a The
Center for Advanced Surgical Care

Jonathon P. Lynn, Esquire
Jlynn@chl-law.com; Cmallard@chl-
law.com
Chimpoulis Hunter & Lynn, P.A.
150 S Pine Island Road, Suite 510
Plantation, FL 33324
Phone: (954)-463-0033
Fax: (954)-463-9562
Attorneys for Raymond Henderson

Bruce M. Ramsey, Esquire
wpb-pleadings@bclmr.com
Bruce M. Ramsey, Esquire
bmr@bclmr.com; pamb@bclmr.com;
jcw@bclmr.com
John C. Webber, Esquire
jcw@bclmr.com; pamb@bclmr.com;
jessicag@bclmr.com
Billing Cochran Lyles Mauro & Ramsey, P.A.
1601 Forum Place, Suite 400
West Palm Beach, FL 33401
Phone: (561)-659-5970
Fax: (561)-659-6173
Attorneys for Robert Borrego, M.D.

Jay Cohen, Esquire
jcohen@jaycohenlaw.com
Jeffrey L. Blostein, Esquire
jblostein@jaycohenlaw.com;
KFlores@jaycohenlaw.com;
pleadings@jaycohenlaw.com;
DTiffin@jaycohenlaw.com;
sbaker@jaycohenlaw.com
Cohen Blostein & Ayala, P.A.
100 SE 3rd Avenue, Suite 1100
Fort Lauderdale, FL 33394
Phone: (954)-449-8700
Fax: (954)-763-6093
Attorneys for WRMC

John C. Webber, Esquire
wpb-pleadings@bclmr.com
Billing Cochran Lyles Mauro & Ramsey, P.A.
1601 Forum Place, Suite 400
West Palm Beach, FL 33401
Phone: (561)-659-5970
Fax: (561)-659-6173
Attorneys for William J. Davis, M.D.

List of Exhibits to Proffer:

- Exhibit 1: St. Mary's Certification of Transfer Appropriateness form;
- Exhibit 2: Transfer In form;
- Exhibit 3: St. Mary's Medical Center Transfer Center Supplemental Nurses Notes;
- Exhibit 4: Audio CD and transcriptions of audio records;
- Exhibit 5: Mukesh Kumar, M.D.'s Consultation Report;
- Exhibit 6: AMR Report;
- Exhibit 7: Affidavit of Thomas Bojko, M.D.;
- Exhibit 8: Ahmed El Haddad, M.D.'s deposition;
- Exhibit 9: William Jeffrey Davis's deposition.

Patient Name: PEREZ, ASHLEY
Date of Birth: 11/6/1984

MRN: WRM907463
FIN: WRM0000109138917

* Auth (Verified) *



901 45th Street | West Palm Beach, FL 33407
561.844.5300 | www.stmarysmc.com

Certification of Transfer Appropriateness

Transfer Request Number _____

This certification is to be completed and signed by the transferring physician at the requesting hospital. Once completed, fax this form to (561) 882-6182, in our Transfer Center. Please send this original form with a copy of the patient's medical record with the patient during the transfer. Any questions, please call the Transfer Center at (561) 840-6000.

Date of Transfer: 4/21/14 Time of Transfer: _____

Sending Hospital Name	Contact Person	Contact Number
Wellington Regional Medical Center	White	788-8625
Patient's Last Name, First Name, Middle Initial		Date of Birth
Perez, Ashley		

1. Please indicate type of transfer:

- ☐ Emergency Transfer
☒ Inpatient Transfer

2. Indicate the unit you are requesting the patient be transferred to:

- ☐ Adult ED
☐ Pediatric ED
☐ Trauma
☐ Neonatal Intensive Care Unit
☐ Pediatric Intensive Care Unit
☐ Institute for Mental Health
☐ Labor and Delivery
☒ Specialist/subspecialist requested: _____

Based upon your medical examination of the patient, the treatment rendered thus far, and the information available to you at the time of transfer:

3. Do you believe that this patient has an Emergency Medical Condition (EMC) that requires stabilization that is unavailable at your facility?

- ☐ Yes ☐ No
Describe the EMC: Possible Ruptured Liver

4. Did you stabilize the EMC to the best of your ability?

- ☒ Yes ☐ No

5. Is St. Mary's Medical Center the closest facility geographically with the requested capability and capacity?

- ☒ Yes ☐ No

6. Do you provide this service on an inpatient basis?

- ☐ Yes ☒ No

Page 1 of 2

5/3



* Auth (Verified) *

St. Mary's Medical Center
Certification of Transfer Appropriateness

Perez, Ashley
Patient Name:

7. If you answered yes to question #6 above, do you cover this service in your emergency department through any of the following (check appropriate response):

- ☐ Physician Coverage
☐ Transfer Agreement- specify the hospital in which you have an agreement _____
☐ Combination of physician coverage and transfer agreement. Specify hospital _____

8. Reason for Transfer Request:

<input type="checkbox"/> Transferring hospital does not provide the service. Explain:
<input type="checkbox"/> Transferring hospital does not have the service on call. Explain:
<input type="checkbox"/> Transferring hospital does not have the service capacity (beds/staffing available). Explain:
<input type="checkbox"/> On- Call Physician at transferring hospital is unavailable.
<input checked="" type="checkbox"/> Other. Explain: <i>on call gun surgeon recommended transfers to SMH.</i>

9. List Risks and Benefits of Transfer

Risks of Transfer	Benefits of Transfer
1.	1.
2.	2.
3.	3.

10. Do the benefits of the transfer outweigh the risks of the transfer ?

☒ Yes ☐ No

Explain if you selected No: _____

11. Check the appropriate response below.

- ☐ There is no reasonable likelihood of deterioration from or during transport
☒ The patient may be at risk for deterioration from or during transport.

12. Have you informed the patient that all transfers have inherent risks of delays or accidents in transit, pain or discomfort upon movement, and limited medical capacity of transport units that may limit available care in the event of a crisis?

☒ Yes ☐ No

Comments/Additional Information: _____

I understand that the decision to transfer this patient and the decision to accept this patient is based on the information provided on this form in good faith, and I have used my best medical judgment to certify that this information is accurate.

Physician-Print Name <i>Dr. B. Lopez</i>	Signature <i>[Signature]</i>	Title	Date <i>4/21/14</i>
Hospital Admin. Rep- Print Name <i>B. Atkins AOC</i> <i>A. A. [Signature]</i>	Signature <i>B. Atkins</i> <i>A. A. [Signature]</i>	Title <i>AOC</i> <i>NSg Exp</i>	Date <i>4/21/14</i>

Patient Name: PEREZ, ASHLEY
Date of Birth: 11/6/1984

MRN: WRM907463
FIN: WRM0000109138917

* Auth (Verified) *



901 45th Street | West Palm Beach, FL 33407
381.844.6300 | www.stmarysmc.com

RECIPROCAL TRANSFER AGREEMENT

RE: (patient name):

Medical Record #

Transferring Facility ("Our Hospital")

The above-referenced patient is currently being treated at Wellington Regional Medical Center and it has been determined that the surgery and/or treatment required cannot be performed at this facility. It is in the best interest of the patient to be transferred to St. Mary's Medical Center for the following specialized services:

Our Hospital will be responsible to arrange and pay for all transport costs of the patient, including such cost for transport to St. Mary's Medical Center and for the return transfer, in the event the patient and/or family is unable to do so.

After the patient has been provided the above noted care or in the event the patient is not medically stable to have the planned procedure, our hospital agrees to accept the patient for return transfer upon bed availability. Our Hospital agrees to secure all medical care necessary for admission, or otherwise arrange for appropriate transfer to an alternate level of care, if necessary, within forty-eight (48) hours of notification of such determination. If an alternate level of care cannot be provided, Our Hospital agrees to accept the patient back into Our Hospital while plans are being made to secure placement in an alternate setting.

Administrator or designee: B. Atkins / A. Cruikshank

4/21/14

Telephone: 561-798-8681 / 561-798-8625

AOC / Nursing Supervisor

Requesting Physician: Dr. B. Lopez

(Signature)

(Date)

Telephone: _____

(Print Name)

(Title)

Pager: _____

Patient Name: PEREZ, ASHLEY
Date of Birth: 11/6/1984

MRN: WRM907463
FIN: WRM0000109138917

* Transcribed *

Print Patient Name: Perez, Ashley Date: ^{EX 505} 4/21/14

Transfer Diagnosis: Gest. Htn S/P C-Section; Possible Ruptured Liver

Reason for Transfer: ☒ Medical Emergency ☐ Primary Medical Doctor (PMD) ☐ Patient Request
☐ Service Unavailable ☐ Other: higher level of care

Accepting Administrative Representative: Erica Receiving Facility: St. Mary's

Accepting Physician: Lopez / Dr. M. Kumar Time: _____

Accepting Nurse: Delsa Aguilar Report called by: Maryssa Paschal Time: 0015

Name of family member notified: Linda Joye Time: 2330 Phone #: (361) 596-1900

Copies sent with patient: ☒ Chart ☐ Labs ☐ X-rays ☐ EKG ☐ Original Baker Act

Valuables and/or clothing with: ☐ Patient ☐ Family ☐ Other: N/A (no valuables)

Transfer Mode: ☐ Basic Life Support (BLS) ☒ Advanced Life Support (ALS) ☐ Private Vehicle
☐ Air ☐ Police ☐ Stretcher ☐ Wheelchair ☐ Ambulatory

Name of transportation company: AMB

Vital Signs on departure: Time: 0145 Temperature: 36.9 Heart Rate: 140
Respiration Rate: 22 Blood Pressure: 89 / 44

Medications/IVs/Instructions: levophed

Condition at time of transfer: ☒ STABLE ☐ UNSTABLE

My medical condition has been evaluated and explained to me. Dr. Lopez has explained to me the risks and benefits of a transfer as well as those of not being transferred. General transfer benefits/risks include the availability, after arrival, of health care services better suited to the patient's needs and/or the unborn child. More specific risks include:

☒ Trauma: Aggravation of fractures, tears or hemorrhages, increased risk of infection, coma, lung collapse, nerve and/or circulatory damage leading to loss of limb and/or paralysis, death.

☐ Pregnancy: Delivery during transfer with harm to mother and/or baby.

Other: Death, MVA

Informed Consent: ☒ I ACCEPT transfer ☐ I REFUSE transfer

Other risks or benefits may not have been discussed since evaluation, treatment and counseling took place under emergency conditions. I agree or patient representative agree to this transfer, understand the reasons and risks and have no further questions.

Linda Joye (mother) 4/21/14 11:42pm
Patient or Representative Signature Date Time

TOBB Dr. Lopez / M. PL BN 4/21/14 2340
Physician Signature Date Time

Wellington Regional Medical Center
10101 Forest Hill Boulevard
Wellington, Florida 33414



DC0820

TRANSFER FORM

630-24
Rev. 02/08



109138917-907463
PEREZ, ASHLEY
DOB: 11/06/1984 29 Y SX: F MAT
MRN: 907463 ADM/REG DT: 04/21/2014
Wellington Regional Medical Center

WHITE - CHART PINK - RECEIVING FACILITY

St. Mary's Medical Center and Palm Beach Children's Hospital

Transfer-In Form

Date 4/6/14 Time of Initial Call 20:55 LOG Number 16,946

Please Indicate type of transfer:		
<input type="checkbox"/> ED-ED	<input type="checkbox"/> Emergency	<input type="checkbox"/> Trauma
<input type="checkbox"/> ED-IP	<input checked="" type="checkbox"/> Inpatient Transfer	<input type="checkbox"/> Interventional Radiology
<input checked="" type="checkbox"/> IP-IP	<input type="checkbox"/> IMH Admission	<input type="checkbox"/> Unit

AOC on Call Joey Bulfin

Patient's Name Perez, Ashley Age 29 ☐ Male ☒ Female DOB 11/6/1984

Reason for Transfer Trauma Surgery

Diagnosis HELLP syndrome & Liver Rupture

Is there an emergency condition present? ☒ Yes ☐ No Perfume today

Transferring Hospital WKMC Inpt. ICU

Sending physician Dr. B. Lopez

Contact Information: Alice - Nq. SPB 798-8622

Person/Title Dr. B. Lopez

Number 798-8622 Fax 798-8622

Accepting physician Dr. B. Lopez Specialty requested Trauma Surgery

Specialist on call Dr. B. Lopez

AOC Contacted: ☐ Yes ☒ No ☐ N/A Time 20:55

☒ Transfer Accepted: Time 20:55 Transfer Coordinator Signature E. Jilippon

Transfer Arrival Time: Transfer Coordinator Signature

Transport Team Utilized: ☐ PICU ☐ Pediatric ☐ NICU If transport team not utilized, see attached notes.

SMMC Account Number 61728200 Going to ICU B 416

☐ Transfer Rescinded: Time ☐ Kept at Facility ☐ Sent to another Facility

Reason

☐ HCA Insured ☒ Yes ☐ No ☐ Unknown

☐ Transfer Declined: Time AOC must approve all transfers declined.

Reason

All Trauma Declined are to be faxed attention Dr. Davis at 561-882-9117

☐ Service not provided.

☐ Capacity Issue:

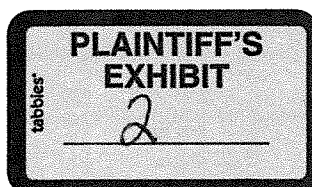
Analysis

☐ Nursing administration contacted ☐ Yes ☐ No Who Contacted? ☐ CNO ☐ ACNO

Nursing administration response

Effective August 2013

SM MISC 0147 REV. 8-2013



St. Mary's Medical Center
Transfer Center Supplemental Nurses Notes

pg 104

Date:

4/21/14

Time:

Patient:

Rerez, Ashley

20155- received call from Dr. B. Lopez, advised
of request to transfer this pt. per
Dr. Lopez, pt. will need an ICU bed
Dr. Lopez advised he will be the
accepting and admitting physician
is pending pt. for trauma surgery
services. He had not called trauma
surgeon yet but with plans to
call for person to be. E. Subramanian
21:44- Called Dr. Lopez to provide account
to place admit orders. Dr. Lopez
advised he can not admit because he
doesn't have privileges for ICU, he
needs information to admit pt. Transfer
Center offered to connect call to hospitalist
on call (Dr. Mukesh), per Dr. Lopez, he
suggested having Dr. Mukesh call him.
21:46- Contacted Hospitalist on call, Dr. Mukesh
advised of pt. case & Dr. B. Lopez's request
for transfer & need for hospitalist to
admit. Dr. Mukesh inquired as to
reason for transfer, per Dr. Lopez,
he requested eval by a trauma surgeon.
Unclear if he saw Dr. Eshadad yet.
Dr. Mukesh advised, he will call
Dr. Lopez to discuss further plans
to suggest for him to call trauma
if he hasn't already. E. Subramanian
Received call from Trauma on Brenda,
she received call from Dr. Lopez wanting
to give report for this pt. He had not discussed
yet & trauma surgeon. E. Subramanian

28284

Time:

Patient:

2:12 - Contacted Trauma Surgeon per request of Dr. B. Jones. S. M. Dr. Elhaddad, advised of pt. case. Dr. Elhaddad per Dr. Elhaddad, this case requires general surgery not trauma. Transfer order advised same to Dr. Jones. Dr. Jones call connected direct to Dr. Elhaddad for physician to physician discussion. Case discussed further, per Dr. Elhaddad, to determine if this pt. does not require trauma services, she will require general surgery services. Dr. Elhaddad also advised, he is not going to agree to see this pt. Call ended. Dr. Jones requested to S/A Dr. Jones. Called Dr. Jones advised of pt. case & Dr. Jones's request to S/A Dr. Jones due to refusal to consult by Dr. Elhaddad. Dr. Jones advised to call Dr. Jones regarding this matter, as he is needed. Trauma Services & Emergency

20: 8/24/34 - Call placed to Dr. Berge, let
Maggie to call back. E. Sulikow

20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
841
842
843
844
845
846
847
848
849
850
851
852
853
854

St. Mary's Medical Center
Transfer Center Supplemental Nurses Notes

pg 3574

Date:

4/11/14

Time:

Patient:

Perez Ashley

20415 Dr. Lopez not agreeing & Dr. Borego regarding
need for general surgeon due to general
surgeon @ UPMC suggested penicillin pt.
to SMMC for trauma dx. liver injury
& treat liver rupture. Call ended. Dr.
Lopez agree to see Dr. Henderson, on call
general surgeon but also ER - & SMMC
connected Dr. Henderson. Error
20415 Called Dr. Davis for update & conversation
of Dr. Davis, Borego, Harbeck & attempt
to contact Dr. Henderson. & SMMC
20415 Called Dr. Henderson, he just spoke to Dr.
Lopez & advised, who can't treat this
pt. He does not have privileges to
treat livers. He advised not to
accept pt as trauma doesn't agree
to see pt because we can not treat a
bleeding liver. Called Dr. Davis to
advise of same. Conference call
connected & Dr. Lopez to discuss
further. General plans as follows:
Dr. Lopez to admit pt. to SMMC and
write for critical care consult upon
pt. arrival. Dr. Lopez agrees & same.
once critical care consult written, trauma
services will eval. & SMMC
20415 Dr. Lopez request to see Dr. Mukesh
Call connected. He asked Dr. Mukesh if he
will be admit physician. Since Dr. Lopez does
not have privs for admit. Dr. Lopez
advised he would follow for obs. & S.

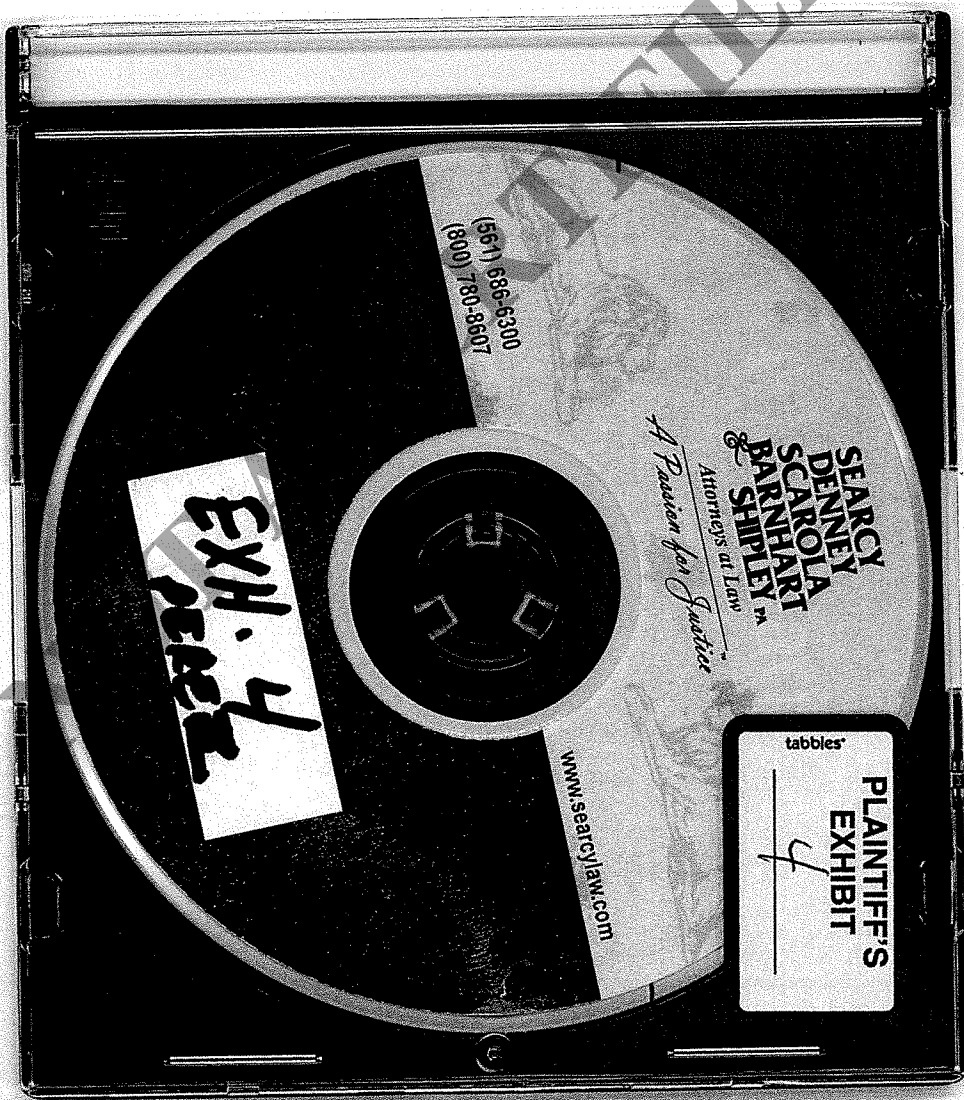
St. Mary's Medical Center
Transfer Center Supplemental Nurses Notes

pg 484

Date: 4/21/14 Time:

Patient: Perez, Ashley

2300 Dr. Mukesh agreed to same + will consult
to Trauma Services as for Critical Care
consult on pt. arrival as decided
upon by Dr. Lopez + Dr. Davis's final
attorneys. E. Salazar
2309 Dr. Lopez called, requested to see
Dr. Davis, call corrected. Dr. Lopez
provided Dr. Davis a update on Dr. Mukesh
to admit pt. to ICU. He will oversee
medical care. Dr. Lopez will consult for gyn
obstetrical needs. Dr. Davis agreed to
same. E. Salazar
- Dr. Kumar advised per instruction
of Dr. Davis to write consult as
follows: "Critical Care Consult"
Dr. Kumar agreed to same. E. Salazar



(561) 686-6300
(800) 780-8607

**SEARCY
DENNEY
SCAROLA
BARNHART
& SHIPLEY**
Attorneys at Law
A Passion for Justice

www.searcy|law.com

EXH. 4
piece

tabbles®
**PLAINTIFF'S
EXHIBIT**
4

FILED COPY

Saint Mary's Medical Center
901 45th Street-West Palm Beach, FL 33407-2413

Patient: PEREZ, ASHLEY
MRN #: 1077007
Account #: 61728200
DOB/Age/Sex: 11/06/1984/29 years/Female

Admission Date: 04/21/2014
Discharge Date: 04/23/2014
Attending Provider: KUMAR MD, MUKESH

Consultations Reports

Document Name: SMH-Consultation Report (Modified)
Performed By: KUMAR MD, MUKESH 04/22/2014 06:55:45 EDT
Signed By: KUMAR MD, MUKESH 04/24/2014 20:49:49 EDT
Authenticated By: KUMAR MD, MUKESH 04/24/2014 20:49:49 EDT

REFERRING PHYSICIAN: Berto Lopez, M.D.

CONSULTING PHYSICIAN: Mukesh Kumar, M.D.

REASON FOR CONSULTATION: Medical management.

HISTORY OF PRESENT ILLNESS: Patient is a 29-year-old female who was just transferred from Wellington Regional Center. Patient was admitted yesterday around 3:00 a.m. Patient got Emergency C-section after a possible diagnosis of HELLP syndrome and also questionable diagnosis of liver rupture, which I was informed on phone by Dr. Lopez. Patient has a history of gestational hypertension over the past few days. She has had increasing leg swelling and epigastric pain. History was taken from the mother who is outside, came in with the patient. Patient was transferred from Wellington Regional Hospital or critical care and for possible surgery for the liver rupture as I was informed. Dr. Lopez already who had discussed the case with the trauma team who will see this patient, the on-call trauma team. I am managing this patient for the medical management only. When I saw the patient in bed 416, ICU A, patient was hypotensive. Blood pressure was 40/20. Generally, she remained intubated. Pupils both were dilated, fixed and almost nonreactive to light. There were no spontaneous movements. Patient was on propofol drip, which I have discontinued. Patient is already on vasopressin and norepinephrine, maximum dose. I have run 1 L normal saline stat bolus. She is also running bicarbonate drip. She does not have any spontaneous movement on any movement on the painful stimuli. I am worried that this patient may be brain dead. All the labs like CBC, BMP, liver panel, PT, INR, mag, phosphorus, ABGs were sent stat. We will discuss with trauma team. At this time, patient is unstable to go for any CT scan of the brain or CT abdomen and pelvis. She generally looked pale. Most likely, she is anemic. She has already received 7 units of PRBC, 2 FFP and 1 platelet at Wellington Regional Center. From there, labs show that her hemoglobin of 6.7 to 8.7. She has also Foley, which is only 100 mL of urine output. I have spoken to Dr. Alhadad trauma oncall at around 4am he said he will discuss with Dr. Borriago and if his boss agrees he will see the patient. I also called 2nd oncall trauma oncall dr Hlatov at about 6am, call was returned at around 7am and he said he will not see the patient I have informed Dr Lopez (obgyn) that patient was not seen by surgery team yet patient might be bleeding intraabdominally and need stat surgery consult. I am oncall till 7am and managed this patient medically

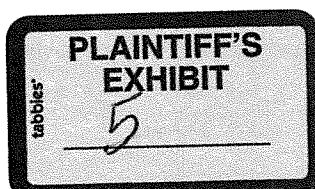
Legend: * = Abnormal, H = High, L = Low, C = Critical, f = footnote, r = reference, c = corrected, i = interpretation

Chart Request ID: 42748314

407 of 461

Print Date/Time: 08/27/2014 10:14:56 CDT

Printed By: Francis, Sharon



SMMC-000212

#3



AMR PALM BEACH
Patient Care Report

Case #: 4998091

Unit ID: A8

Date: 4/22/2014

Dispatch Information

4998091

Time Call Received: 22:15:02
Time Dispatched: 01:04:29
Time Enroute: 01:05:54
Time at Scene: 01:39:01
Time at Pt Side: 01:45:00

Time Transporting: 02:42:41
Time Transport Arrived: 03:02:17
Time Available: 04:25:58
Final Response Mode: No Lights and Siren
Final Transport Mode: No Lights and Siren

Disposition: Transported-Hospital to Hospital
From Location: ICU 10
10101 W FOREST HILL BLVD, WELLINGTON, FL 33414
Incident Location Type: Medical - Hospital
To Location: SAINT MARYS HOSPITAL

901 45 ST, West Palm Beach, FL 33407
Destination Type:
Nature of Call: CRITICAL CARE
Caller Name: WELLINGTON REGIONAL HOSPITAL

ALS Assessment:

Patient Demographics

4998091

Name: Perez, Ashley
Address: 1987 Juno Road
City, State, Zip: JUNO BEACH, FL 33408
Phone: (561)596-1900 Cell:
SSN: xxxx-xx-1111
Pt. #: 1 of 1

DOB: 11/6/1984
Age: 29 years
Gender: Female
Weight: 66 Kg
Ethnicity: Caucasian

Transfer

4998091

Reason for Transport: Other Non-Emergency Impression
Underlying Medical Condition: Other-Other

Transfer Reasons:

Was Specialized Observation Required? No
Was Pt Able to Sit in W/C During Trans? No
Was There Existing Tx To Be Monitored? No
Was Special Positioning Required? No
Was Patient on Psych Hold? No
Was Oxygen Used During Transport? Yes
Reason for Ambulance Transport:

History Of Present Illness

4998091

Physician: Lopez

Past Medical History

4998091

History Obtained From: Health Care Personnel
History: Other see chart
Allergies: Not Known
Medications: see list

Advanced Directives:

Case # 4998091

PCR ID 2014042201105054516

PW 1 of 1
2.1

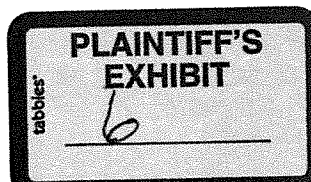
Date: 4/22/2014

Device Name: FLP8IEPCR5716

Page 1 of 4

Pt: Perez, Ashley

Printed: 6/24/2014 12:15:56 PM



AFFIDAVIT

STATE OF New Jersey

COUNTY OF Monmouth

BEFORE ME, the undersigned authority, personally appeared, Thomas Bojko, MD, MS, JD, FCLM, who, upon first being duly sworn, deposes and says:

1. I, Thomas Bojko, MD, MS, JD, FCLM, am a licensed physician in the States of New York and New Jersey.

2. In addition to a Medical Degree from the University of Rome, I have a Master's of Science Degree in Health Care Administration, Management and Policy from New York University; and a Juris Doctor degree from Rutgers University.

3. I have over 20 years of experience in the healthcare industry as a clinician, medical administrator, and hospital executive.

4. I am currently a Preceptor in Healthcare Administration at the Rutgers Graduate School. I also teach medical students at the Robert Wood Johnson Medical School of Rutgers University where I hold an appointment as a Clinical Associate Professor. I am also the President and Managing Partner of Aviva Healthcare Solutions, LLC and a Partner at Thomas & Krail, LLC.

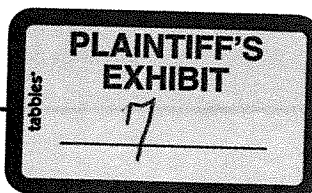
5. Additionally, I am currently a Fellow of the American College of Legal Medicine, the American College of Critical Care Medicine, and the American Academy of Pediatrics. I am also a member of the American College of Health Care Executives.

6. In the past I have served as the Executive Director at Kimball Medical Center in Lakewood, New Jersey; the Director of Medical Services & Clinical Operations at Bristol-Myers Squibb Children's Hospital; Robert Wood Johnson University Hospital in New Brunswick, New Jersey; a Member of the Board of Trustees for the National Association of Children's Hospitals and Related Institutions; and a Senior Healthcare Administration Consultant at McManis Consulting in Denver, Colorado.

7. Attached to this Affidavit is a true and correct copy of my curriculum vitae.

8. I have reviewed the pertinent medical records of Ashley Perez. These materials consist of:

- a. Wellington Regional Medical Center records (4/21/14 – 4/22/14);
- b. Dr. Berto Lopez – office records;
- c. St. Mary's Medical Center 4/21/14 to 4/23/14 admit;



- d. St. Mary's Transfer-in form and Transfer Center Supplemental Nurses notes;
- e. St. Mary's Certificate of Transfer Appropriateness form;
- f. Palm Beach Trauma Associates Trauma Provider Contract Summary form;
- g. Healthcare District Palm Beach Trauma Associates Contract Summary form;
- h. Contract Agreement between hospital and Goad/Palm Beach General Surgery;
- i. 2013 District Trauma Contracts;
- j. St. Mary's Medical Center – Transfer Center Audio transcripts recordings;
- k. Depositions of:
 - William Jeffrey Davis, D.O. (6/30/17);
 - James Goad, M.D. (6/17/15 and 2/22/17);
 - Berto Lopez, M.D. (2/23/17 – Vols. I and II);
 - Raymond Henderson, M.D. (1/9/18);
 - Dimitar Hristov, M.D. (4/11/18);
 - Ahmed El-Haddad, M.D. (5/18/18);
 - Robert Borrego, M.D. (5/29/18);
 - Maryssa Paschal, RN (6/4/18).
- l. Wellington Regional Medical Center and St. Mary's Medical Center transfer policies;
- m. American Medical Response (AMR) report.

9. I am familiar with the prevailing standards of care, along with clinical operations of hospitals and medical centers, and it is my opinion within a reasonable degree of medical probability that there exists a claim of negligent injury against the following: William Jeffrey Davis, D.O. and St. Mary's Medical Center, Inc., d/b/a St. Mary's Medical Center, for the following reasons:

- a) When William Jeffrey Davis, D.O. decided on April 21, 2014 to accept Ashley Perez in transfer on behalf of St. Mary's Medical Center, notwithstanding any contractual agreements in place at his hospital, William Jeffrey Davis, D.O., as CMO of St. Mary's Medical Center, determined that the hospital and its trauma service would treat Ashley Perez;
- b) William Jeffrey Davis, D.O. knew at the time of his acceptance of Ashley Perez in transfer from Wellington Regional Medical Center on the evening of April 21, 2014, that she was in dire need of – and being expressly transferred for – emergency life-saving surgery to stop an intra-abdominal hemorrhage;
- c) By St. Mary's Medical Center accepting Ashley Perez under these circumstances and with this expressed knowledge, William Jeffrey Davis, D.O., on behalf of St. Mary's Medical Center, accepted responsibility for the life, safety and well-being of this patient and had

a non-delegable duty to enforce his decision that the trauma service see Ashley Perez upon her arrival by giving direct and clear orders to the trauma surgeons or the general surgeons on call;

- d) St. Mary's Medical Center, as a health care facility promoting itself to its community for its "top-level care" and specialists committed to saving lives, likewise had an institutional duty to have in place and follow clear procedural guidelines for the adequate and timely medical and surgical management of Ashley Perez, and did not;
- e) Notwithstanding any contractual agreements in place at the time, Ashley Perez, while at St. Mary's Medical Center, was bleeding internally and suffering from hemorrhagic shock, and Dr. El-Haddad, Dr. Hristov and the trauma service had the training, experience, and expertise to save Ashley Perez's life and should have timely evaluated her and managed her critical care needs as per the plan and instructions put in place by CMO, William Jeffrey Davis, D.O.;
- f) Per William Jeffrey Davis, D.O.'s recorded phone call and deposition testimony, William Jeffrey Davis, D.O. stated that providing critical care services was a role and function of the surgical critical care specialists on the Trauma Service at St. Mary's Medical Center, and as such, he had a non-delegable duty to make sure that the trauma surgeons understood their role, which they did not, and further had a non-delegable duty to follow up and give direct orders to treat this patient once St. Mary's Medical Center decided to admit her.


10. Counsel has provided me with F.S. §768.72, which explains punitive damages in Florida. Based on my understanding and findings, it is further my opinion that these violations together rise to the level of reckless disregard for the life and safety of Ashley Perez, and the conduct by these defendants demonstrated a conscious disregard or indifference to the life, safety and well being of Ashley Perez.

11. Within a reasonable degree of medical administrative probability, it is my opinion Ashley Perez's death on April 23, 2014 was a direct result of the negligence and reckless conduct by these defendants.

12. To the best of my knowledge no previous opinion of mine has ever been disqualified by any Court and I have neither been charged nor convicted of fraud or perjury in this or any other jurisdiction.

FURTHER AFFIANT SAYETH NOT.

DATED this 3rd day of July, 2018.


THOMAS BOJKO, MD, MS, JD, FCLM

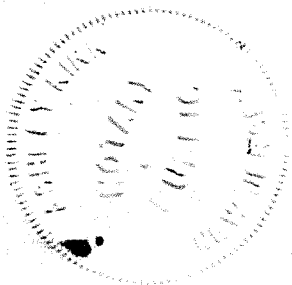
Sworn to and subscribed before me this 3 day of July, 2018.


Notary Signature

State of New Jersey

My Commission expires 10/02/2022

Commission Number: 2425753



Ashley Kirk
Notary Public
New Jersey
My Commission Expires 10-02-2022
No. 2425753

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY, FLORIDA
CASE NO. 502015CA002369AN

EDMUNDO PEREZ, as Personal Representative
of the Estate of ASHLEY PEREZ, Deceased,
on behalf of the Estate of ASHLEY PEREZ,
and the lawful survivors of the Decedent,
To Wit: EDMUNDO PEREZ, as surviving spouse,
AMALIA PEREZ, as surviving minor daughter,
and DYLAN PEREZ, as surviving minor son,
Plaintiff,

-vs-

WELLINGTON REGIONAL MEDICAL CENTER,
INC., individually and on behalf of
its agents, apparent agents, servants
and employees; JAMES JUSTIN GOAD, M.D.;
PALM BEACH GENERAL SURGERY d/b/a
THE CENTER FOR ADVANCED SURGICAL CARE;
ST. MARY'S MEDICAL CENTER, INC.,
d/b/a ST. MARY'S MEDICAL CENTER;
WILLIAM JEFFREY DAVIS, D.O.;
PALM BEACH TRAUMA ASSOCIATES,
individually and on behalf of its
partners, agents, apparent agents,
servants and employees; ROBERT BORREGO,
M.D., P.A., independently and as general
partner of PALM BEACH TRAUMA ASSOCIATES,
AHMED EL-HADDAD, M.D., P.A.;
DIMITER B. HRISTOV, M.D., P.A.,
independently and as general partner
of PALM BEACH TRAUMA ASSOCIATES;
Defendants.

VIDEOTAPED DEPOSITION OF AHMED M. EL-HADDAD, M.D.

May 18, 2018

10:42 a.m. - 12:46 p.m.

Phipps Reporting

1551 Forum Place, Suite 200-E
West Palm Beach, Florida 33401

Stenographically Reported By:
Barbara J. Shandell, RPR, FPR

APPEARANCES:

On behalf of the Plaintiff

SEARCY, DENNEY, SCAROLA, BARNHART & SHIPLEY, P.A.
2139 Palm Beach Lakes Boulevard
West Palm Beach, Florida 33409
561.686.6300

BY: GREGORY BARNHART, ESQ.
gfb@searcylaw.com
ADAM S. HECHT, ESQ.
Ahecht@searcylaw.com

On behalf of the Defendant Ahmed El-Haddad, M.D.:

LAW OFFICES OF KEITH J. PUYA, P.A.
4880 Donald Ross Road
Suite 225
Palm Beach Gardens, Florida 33418
561.408.3772

BY: KEITH J. PUYA, ESQ.
kpuya@puyalaw.com

On behalf of the Defendants James Goad,
M.D. & Palm Beach General Surgery, LLC;
FALK, WAAS, HERNANDEZ, CORTINA,
SOLOMON & BONNER, P.A.
135 San Lorenzo Avenue
Suite 500

Coral Gables, Florida 33146
305.447.6500

BY: SCOTT E. SOLOMON, ESQ.
Ssolomon@falkwaas.com

On behalf of the Defendant Raymond Henderson:

CHIMPOULIS, HUNTER & LYNN, P.A.
150 South Pine Island Road
Suite 510
Plantation, Florida 33324
954.463.0033

BY: HAILEY GOLDMAN, ESQ.
hgoldman@chl-law.com

APPEARANCES:

On Behalf of the Defendant, Wellington
Regional Medical Center:

COHEN, BLOSTEIN & AYALA, P.A.
100 S.E. 3rd Avenue
Suite 1100

Fort Lauderdale, Florida, 33394
BY: JEFFREY L. BLOSTEIN, ESQ.
jblostein@jaycohenlaw.com

On Behalf of the Defendant William J. Davis, M.D.:

BILLING, COCHRAN, LYLES, MAURO & RAMSEY
1601 Forum Place
Suite 400

West Palm Beach, Florida 33401
561.659.5970

jcw@bclmr.com
BY: JOHN C. WEBBER, ESQ.

ALSO PRESENT: Manuel Santiago, Videographer

INDEX OF PROCEEDINGS

WITNESS: PAGE

AHMED M. EL-HADDAD, M.D.	
Direct Examination By Mr. Barnhart	6
Cross Examination By Mr. Solomon	64
Cross Examination By Mr. Blostein	77
Cross Examination By Mr. Webber	89
Redirect Examination by Mr. Barnhart	96
Certificate of Oath	104
Certificate of Reporter	105
Read & Sign Letter to Witness	106
Errata Sheet	107

PLAINTIFF'S EXHIBITS

NUMBER	PAGE
No. 1 4/21/14 St. Mary's Medical Center Transfer-In Form	17
No. 2 Transcription	17
No. 3 St. Mary's Medical Center Consultation Reports	59
No. 4 12/12/16 All Events Over Time	59
No. 5 Audio File #14, 3/10/17	48

DEFENDANTS' EXHIBITS

NUMBER	PAGE
No. 1 Inter-Facility Trauma Transfer Criteria	91

THE VIDEOGRAPHER: We're on the video record. This is the 18th day of May, 2018. The time is approximately 10:42 a.m. This is the videotaped deposition of Dr. Ahmed El-Haddad in the matter of Edmundo Perez versus Wellington Regional Medical Center, et al.

This deposition is being held at 1551 Forum Place, Suite 200-E, West Palm Beach, Florida, 33401.

My name is Manuel Santiago. I'm the videographer representing Above and Beyond Reprographics.

Would the attorneys please announce their appearances for the record.

MR. BARNHART: Yes. Greg Barnhart and Adam Hecht on behalf of the Ashley Perez Family.

MR. PUYA: Keith Puya on behalf of Dr. El-Haddad, P.A.

MR. SOLOMON: Scott Solomon on behalf of Dr. Goad.

MR. BLOSTEIN: Jeff Blostein on behalf of Wellington Regional.

MR. WEBBER: John Webber on behalf

1 of St. Mary's and Dr. Robert Borrego.
 2 MS. GOLDMAN: Hailey Goldman on
 3 behalf of Dr. Raymond Henderson.
 4 - - -
 5 THE COURT REPORTER: Would you
 6 please raise your right hand.
 7 Do you solemnly swear that the
 8 testimony you are about to give will be
 9 the truth, the whole truth and nothing but
 10 the truth?
 11 THE WITNESS: I do.
 12 Thereupon,
 13 AHMED M. EL-HADDAD, M.D.,
 14 having been first duly sworn or affirmed, was examined
 15 and testified as follows:
 16 DIRECT EXAMINATION
 17 BY MR. BARNHART:
 18 Q. All right. Doctor, would you tell us your
 19 name please, sir.
 20 A. Ahmed El-Haddad.
 21 Q. You are here in Palm Beach County?
 22 A. Yes, sir.
 23 Q. Is that where you live and where you
 24 practice?
 25 A. I live in Martin County. I practice in

1 critical care. First employment at St. Mary's Medical
 2 Center.
 3 Q. So you're a lifer then at St. Mary's,
 4 professionally?
 5 A. Yes.
 6 Q. All right. So would it be fair to say
 7 you've got training in general surgery?
 8 A. Yes.
 9 Q. You've got training in critical care?
 10 A. Yes.
 11 Q. And you've got training in trauma surgery?
 12 A. Yes.
 13 Q. I want to know what you've looked at. Did
 14 you happen to get a chance to read your partner's
 15 deposition, Dr. Hristov?
 16 A. No.
 17 Q. Do you know what he said at all?
 18 A. No.
 19 Q. We'll explore that, too.
 20 Did you get a chance to read Dr. Davis'
 21 entertaining deposition?
 22 A. No.
 23 Q. And did you get a chance to look over the
 24 records?
 25 A. Some records.

1 Palm Beach County.
 2 Q. Okay. And what is your profession?
 3 A. Trauma surgeon.
 4 Q. So who are you employed by?
 5 A. Palm Beach Trauma Associates.
 6 Q. The name in this case is not you
 7 personally, but Ahmed El-Haddad, P.A.
 8 Are you an employee of your own P.A.?
 9 A. Yes.
 10 Q. And then the P.A. is employed by Trauma
 11 Associates?
 12 A. Correct.
 13 Q. The trauma group in 2014, that's the time
 14 we're going to be talking about today, they had -- was
 15 it five physicians?
 16 A. Yes.
 17 Q. So I'd like to -- so we understand where
 18 you're coming from, and particularly your
 19 qualifications, general surgery qualifications, tell
 20 us a little bit about your education and training, if
 21 you would, please.
 22 A. Undergraduate at University of Miami,
 23 Medical School at University of South Florida in
 24 Tampa. Eight years of training at Jackson Memorial
 25 Ryder Trauma Center from 1999 to 2007, fellowship in

1 Q. Did you get a chance to look over any of
 2 the telephone call transcripts?
 3 A. Just that of mine.
 4 Q. How about of Dr. Davis when he discusses
 5 you?
 6 A. Briefly it was told to me some of the
 7 comments that he said.
 8 Q. So I want you to assume that Dr. Hristov
 9 told us that trauma surgeons also act as critical care
 10 physicians.
 11 A. Okay.
 12 Q. Do you agree with that?
 13 MR. PUYA: Let me just --
 14 BY MR. BARNHART:
 15 Q. He said it, I want to know if you agree or
 16 not, that's the question.
 17 A. What did he say?
 18 MR. PUYA: Hold on a second. Let
 19 me just object. I don't think that's
 20 proper to ask one witness whether he
 21 agrees with another witness. I think you
 22 know, being a good lawyer, you know that's
 23 not allowed, but you can ask him if that's
 24 his opinion, but asking him whether he
 25 agrees with somebody else, I think is

improper.

I'll tell you what, I'll let you ask the question, give me a standing objection, so I don't interfere, and I think we'll be good.

BY MR. BARNHART:

Q. Are trauma surgeons also critical care physicians?

A. Trauma surgeons can be board certified in critical care and make them critical care doctors.

Q. Do you agree that general surgeons can do most of what you can do so far as surgery is concerned?

A. Yes.

Q. In fact, as part of -- I didn't talk about your board certification, but are you board certified?

A. Board certified in general surgery and surgical critical care.

Q. So, as part of the board certification training in general surgery, does a physician who wants to become board certified in general surgery have to master trauma care --

A. Yes.

Q. -- and trauma surgery?

A. (Witness nods head affirmatively.)

MR. WEBBER: Join.

A. No, it's not.

BY MR. BARNHART:

Q. Is that in any way 23rd Century medicine?

A. No, it's not.

Q. I want to ask you about this: Bleeding is a complication that comes from surgery?

A. Correct.

Q. And it's a pretty common complication, isn't it?

A. It is.

Q. As a surgeon is trained, particularly a general surgeon, or a surgeon who goes on to become a trauma surgeon, early in your training do you have to learn how to handle bleeding caused by operations?

A. Yes.

Q. That's basic standard stuff, isn't it?

A. Yes.

Q. Because bleeding is so common?

A. Yes.

Q. I want you to assume that there's a general surgeon at Wellington, and you know this patient was transferred from Wellington Regional?

A. Yes.

Q. So she went in, Dr. Lopez drove her on an

Q. So if you hold yourself out as a board certified general surgeon, such as a doctor, say, at Wellington might have done, or a doctor at St. Mary's, who is not a trauma surgeon, they also had to take trauma surgery as well; that's part of their training?

A. That's correct.

Q. In this case, I think you know, and maybe you don't, but Ashley Perez essentially bled to death?

A. Yes.

Q. And you know there were different causes that were bandied about at the time, physicians and the nurses thought it was a liver rupture, it turned out to be an ovarian artery that had a ligature that came off.

Is that a challenging surgical process for a general surgeon?

MR. SOLOMON: Form.

MR. BLOSTEIN: Form.

MR. WEBBER: Join.

A. No, it's not.

BY MR. BARNHART:

Q. Let's assume it was a liver rupture, is that a challenging surgical process for a general surgeon to go in and stop a bleed?

MR. SOLOMON: Form.

emergency basis in his car to the hospital, did an emergency C-section, and she wanted to have her tubes tied. He did that, and then he leaves, and then apparently at some point after that, she starts to bleed, and she starts to crash and then she ultimately does have some kind of a crash.

I want you to assume that the general surgeon on call at Wellington was a board certified general surgeon, took the same exam you did, had similar training, and in addition to that, had worked, actually worked as a trauma surgeon out in New Mexico in his career.

So I want -- with that background, when a physician gets a physician-to-physician phone call, is that an important occasion?

A. Yes, it is.

Q. Is that the highest level of consultation?

A. Yes, it is.

Q. So, when a physician-to-physician phone call takes place and another physician says, I've got a bleed and I need you to come in, you're the on-call surgeon, is it enough to simply say, I don't do livers, transfer her to St. Mary's Trauma Service?

MR. PUYA: Form.

MR. SOLOMON: Object to form,

1 mischaracterizes evidence, improper
2 hypothetical.
3 MS. GOLDMAN: Form.
4 BY MR. BARNHART:
5 **Q. Go ahead and answer.**
6 A. That's unacceptable.
7 **Q. Why is that?**
8 A. Because the least the patient deserves is
9 a visit by the consulting physician.
10 **Q. If that phone call, where the obstetrician**
11 **says, I think that there's a liver rupture and she's**
12 **bleeding, took two minutes, and the general surgeon**
13 **who lived, according to his testimony, within five**
14 **minutes of Wellington Hospital, didn't come in to see**
15 **the patient; is that acceptable?**
16 A. No, it's not acceptable.
17 MR. SOLOMON: Object to form.
18 MR. BLOSTEIN: Form.
19 MS. GOLDMAN: Form.
20 MR. PUYA: Let me stop you there
21 for a second. I don't mind, but I can't
22 stop him from answering the questions, but
23 he's really not here as an expert to
24 criticize anybody else.
25 I can't stop the depo, I'm not

1 going to interfere. Again, just a
2 standing objection on this line of
3 questioning, so I won't interfere, but
4 he's really here to talk about his
5 involvement, not what the doctor or
6 anybody else did.
7 MR. BARNHART: I understand.
8 MR. PUYA: Better left to the
9 experts that we all have in the case.
10 MR. BARNHART: His involvement
11 wouldn't have taken place if it had been
12 done right.
13 MR. PUYA: Well, I know that, but
14 that's -- what had happened before or
15 after his involvement is really not
16 something for him to opine on, it's really
17 an expert, but I'm not going to stop it,
18 I'm not going to tell you you can't ask
19 the question.
20 MR. BARNHART: I'm almost -- I'm
21 finished with that.
22 MR. SOLOMON: For the record, I
23 think the Saunders case expressly
24 prohibits this line of questioning, and
25 it's clearly inappropriate.

1 BY MR. BARNHART:
2 **Q. So were you on call at St. Mary's on**
3 **April 21st --**
4 A. Yes.
5 **Q. -- of 2014?**
6 A. Yes.
7 **Q. So, is the way the trauma service works at**
8 **St. Mary's is, according to the contract, there's**
9 **always somebody there 24 hours a day?**
10 A. Correct.
11 **Q. Seven days a week?**
12 A. Correct.
13 **Q. Do you also do private surgery, that is, I**
14 **have an appendicitis, I know you, I say I'd like him,**
15 **I'd like Dr. El-Haddad; would you do that?**
16 A. We do that on days that we're not on call
17 for trauma.
18 **Q. When in terms of April 21st did you first**
19 **hear about this patient?**
20 A. I received a phone call, I don't know
21 exactly what the time was.
22 **Q. So that would be -- it was from the**
23 **Transfer Center, is that what you-all call it?**
24 A. Yes.
25 **Q. And that would have been the nurse, and we**

1 now know her name is --
2 MR. PUYA: Erica.
3 BY MR. BARNHART:
4 **Q. -- Erica, Erica Filippone?**
5 MR. WEBBER: Filippone.
6 MR. BARNHART: Filippone.
7 A. Yes, Erica.
8 BY MR. BARNHART:
9 **Q. Erica Filippone, I'm sorry, is she the**
10 **person who actually called you?**
11 A. Yes.
12 **Q. Did you know that they, that is the**
13 **Transfer Center, in addition to placing calls, in**
14 **addition to recording calls, they also keep sort of a**
15 **transcript?**
16 A. Yes.
17 **Q. So I want to go through this a little bit.**
18 **This is -- we're going to mark this**
19 **Exhibit 2 to our deposition.**
20 **(Plaintiff's Exhibit No. 2 was marked for**
21 **Identification by the reporter.)**
22 MR. BARNHART: Exhibit 1 will be
23 the acceptance of patient transfer.
24 **(Plaintiff's Exhibit No. 1 was marked for**
25 **Identification by the reporter.)**

BY MR. BARNHART:

Q. If you could, let's just go through the first page up top -- there's one of four pages, and the first page up there has the date 4/21/14, it says transfer-in form?

A. Yes.

Q. And then the initial call is 2055, or 8:55 in the evening?

A. (Witness nods head affirmatively.)

Q. And then the diagnosis, the reason for transfer is trauma surgery; do you see that?

A. Yes.

Q. And the diagnosis is HELLP syndrome, what is HELLP syndrome?

A. Hemolytic anemia, elevated liver enzymes and low platelets, a syndrome associated with pregnancy, that causes complications with hypertension and other associated diseases.

Q. Then it says HELLP syndrome, and the C with the line over it, is with liver rupture?

A. Yes.

Q. Postpartum today, meaning the baby was just delivered?

A. (Witness nods head affirmatively.)

Q. The sending physician was -- the

transferring hospital was WRMC, but that's Wellington Regional?

A. Yes, Wellington Regional.

Q. And then the sending physician was Dr. B. Lopez, that's Berto Lopez?

A. Yes.

Q. And then the accepting physicians they have down as Dr. B. Lopez, Dr. Mukesh and Dr. El-Haddad?

A. That's what it says, yes.

Q. And then the specialty requested was trauma surgery. The transfer is accepted at 2055.

Now at 2055, at 8:55, had anybody called you about this patient?

A. My recollection is that I received a call at 10:12.

Q. Right, I think that's true.

So, as of this point, Dr. El-Haddad had no idea this lady was to be put in an ambulance and brought over to St. Mary's?

A. Correct.

Q. So let's go forward, so that the next page is actually page 1 of 4.

Do you know who actually accepted the transfer?

A. No.

Q. But clearly they wanted trauma surgery?

A. Yes.

MR. PUYA: Form.

BY MR. BARNHART:

Q. And the reason -- let's go back to Exhibit 1, which I'm going to show you, there's an acceptance of patient transfer, and this is St. Mary's stationery, isn't it?

A. Yes.

Q. So this is our Exhibit 1, and is this the group of documents which are used when St. Mary's accepts a transfer patient?

A. I don't know because I've never seen them.

Q. Fair enough. Well, then let me go through some of the things, and you can tell me if you're familiar or if you're not familiar.

Page 3 --

MR. PUYA: Do you have a copy you can give him --

MR. BARNHART: Sure.

MR. PUYA: -- to take a look at?

BY MR. BARNHART:

Q. See the part that I've highlighted?

A. Yes.

Q. And it says the reason for transfer is possible liver rupture?

A. Yes.

Q. And then the next page, if I could, page 1 of 2, and then the other says, the physician is Dr. Lopez, and then the part, I guess it's -- let's see, yes, see number 8 up there that I've highlighted, it's paragraph 8?

A. Yes.

Q. And it says the reason for transfer essentially is the on-call general surgeon did what, Doctor?

A. Recommends transfer to St. Mary's Hospital.

Q. And is that what you learned actually that happened, that the on-call general surgeon said, hey, transfer this young mother who's bleeding to St. Mary's?

MR. SOLOMON: Objection, form; mischaracterizes evidence.

MR. BLOSTEIN: Form.

MR. WEBBER: Join.

A. I found that out a few days later.

BY MR. BARNHART:

Q. At this point, so somebody is telling, it

1 looks like a nurse, another nurse, that the reason for
 2 the transfer was on-call general surgeon recommends
 3 transfer to SMH, St. Mary's Hospital?
 4 A. Yes.
 5 Q. How did you find out that the on-call
 6 general surgeon recommended transfer to St. Mary's?
 7 MR. SOLOMON: Form.
 8 MR. BLOSTEIN: Join.
 9 MR. WEBBER: Join.
 10 A. Probably weeks later or days later. I had
 11 no involvement in anything and did not know anything
 12 was happening.
 13 BY MR. BARNHART:
 14 Q. The on-call general surgeon was a fellow
 15 by the name of Goad, G-O-A-D; do you know Dr. Goad?
 16 A. Yes, I do.
 17 Q. Did you know him before this?
 18 A. Yes, I did.
 19 Q. Have you ever had transfers back and
 20 forth?
 21 A. No, I have not.
 22 Q. How is it you know him?
 23 A. I was teaching for University of Miami at
 24 JFK Hospital in Atlantis, and I believe he has
 25 privileges there, and I had met him one time in the

1 intensive care unit.
 2 Q. So it was -- are you friends?
 3 A. No.
 4 Q. That's how you knew him?
 5 A. That's how I knew him, his name and who he
 6 is.
 7 Q. Have you discussed this case with him at
 8 all?
 9 A. No.
 10 Q. All right. So going to the calls that we
 11 have, I have -- if you could go to page 2 of 4, and up
 12 at the top it says 2212, so 10:12, "Contacted trauma
 13 surgeon" --
 14 A. "Per request of Dr. B Lopez."
 15 Q. Right. Thank you.
 16 And then it says, "S/W, spoke with
 17 Dr. El-Haddad."
 18 A. "Advised of patient case. Per
 19 Dr. El-Haddad, this is -- this case requires general
 20 surgery, not trauma."
 21 Q. Let me stop you there. Why do you say
 22 that?
 23 A. Because the mechanism by which the patient
 24 is bleeding is not a traumatic mechanism, it is a
 25 medical condition, and therefore, does not meet trauma

1 criteria to be discussing that with me at all.
 2 Q. So we know there was already a general
 3 surgeon that turned her down at Wellington --
 4 MR. BLOSTEIN: Form.
 5 MR. WEBBER: Form.
 6 MR. SOLOMON: Form.
 7 MR. PUYA: Form.
 8 BY MR. BARNHART:
 9 Q. -- But nonetheless, you said at the time
 10 this case requires general surgery, not trauma
 11 surgery?
 12 A. Correct.
 13 Q. At this point, at 2212, did you know that
 14 she was being transferred because the general surgeon
 15 had turned her down?
 16 MR. SOLOMON: Form.
 17 MR. BLOSTEIN: Join.
 18 A. No, no other information.
 19 BY MR. BARNHART:
 20 Q. And then it says, Dr. Lopez call --
 21 Dr. Lopez call connected direct with Dr. El-Haddad --
 22 A. Yes.
 23 Q. -- for physician-to-physician discussion,
 24 and that's similar to what we discussed before, it was
 25 a doctor-to-doctor conference or consult?

1 A. Yes.
 2 Q. And at that point, according to
 3 Dr. El-Haddad, do you say essentially this patient
 4 does not require trauma services?
 5 A. Yes.
 6 Q. Do you say she will require general
 7 surgery services?
 8 A. Correct. That's correct.
 9 Q. So they had general surgery at Wellington
 10 and the general surgeon over there said, no, right?
 11 MR. BLOSTEIN: Form.
 12 MR. SOLOMON: Form.
 13 MR. WEBBER: Join.
 14 A. (Witness nods head affirmatively.)
 15 BY MR. BARNHART:
 16 Q. They had general surgery here at
 17 St. Mary's, do you know if general surgery had said
 18 yes or no at that point?
 19 A. I didn't know anything else about it.
 20 Q. It says, "Dr. El-Haddad also advised he is
 21 not going to agree to see this patient," is that true?
 22 A. That's correct.
 23 Q. And then the call ended.
 24 Dr. Lopez requested that you -- to speak
 25 with Dr. Davis.

1 Now Dr. Davis, we know, is -- was the
2 chief medical officer?
3 A. Yes.
4 Q. All right. And Dr. Davis was sort of the,
5 I guess, chief says it all really, he's the chief of
6 the physicians there?
7 A. He's the chief medical officer.
8 Q. All right. And he can tell a doctor to
9 see a patient, can he not?
10 A. He can.
11 Q. Has he done that before, before 2014?
12 A. I'm sure he has. I have no recollection.
13 Q. And then it says, "Called Dr. Davis,
14 advised of patient case and Dr. Lopez' request to
15 speak to him due to refusal of consult by
16 Dr. El-Haddad."
17 Do you think that's a fair rendition of
18 what happened, that you refused to see him -- refused
19 to see her, rather, for a consult?
20 MR. PUYA: Form.
21 MR. WEBBER: Objection to form.
22 MR. BLOSTEIN: Form.
23 A. I knew nothing of anything about the case,
24 so there was nothing for me to get involved with at
25 that time.

1 BY MR. BARNHART:
2 Q. So is that a fair rendition of what
3 happened when you were called by the trauma service
4 and then were connected with Dr. Lopez?
5 A. Yes. By the Transfer Center, yes.
6 Q. Transfer Center, all right.
7 Okay. Now there was also a call to
8 Dr. Borrego further down, see down here, 2218; do you
9 see that?
10 A. Yes.
11 Q. It says -- I'm starting down here, I guess
12 we'll start up here with Julie. "Received call back
13 from Dr. Borrego." So they tried to get him and then
14 he called back.
15 "Advised of patient case and suggestion by
16 Dr. Davis to contact him."
17 So Dr. Davis is saying contact
18 Dr. Borrego -- Is he the head of your unit, by the
19 way?
20 A. Yes.
21 Q. -- regarding issue.
22 "Declined to see patient by trauma
23 surgeon, Dr. El-Haddad."
24 So the issue apparently is you not
25 agreeing to see the patient?

1 A. Correct.
2 MR. WEBBER: Object to the form.
3 A. Yes.
4 BY MR. BARNHART:
5 Q. Per Dr. Borrego -- what does he say?
6 A. This case is for a general surgeon, not
7 trauma.
8 Q. Do you agree with him?
9 A. Yes.
10 Q. So was it for a general surgeon both at
11 Wellington and a general surgeon at St. Mary's?
12 A. Correct.
13 MR. PUYA: Form.
14 MR. WEBBER: Join.
15 MR. SOLOMON: Form.
16 MR. BLOSTEIN: Form.
17 BY MR. BARNHART:
18 Q. Then there was apparently more of a
19 discussion, Dr. Borrego and Dr. Lopez talked about the
20 case, and Dr. Borrego said call Dr. Henderson, who was
21 the general surgeon on call?
22 A. Correct.
23 Q. So in this case, Dr. Davis is involved,
24 the chief medical officer is involved. Dr. Lopez is
25 getting the patient, who is bleeding over to

1 St. Mary's, is involved, the Transfer Center is
2 involved; anybody else involved?
3 A. Not that I'm aware of.
4 MR. PUYA: Form.
5 BY MR. BARNHART:
6 Q. Other than the nurses who are recording
7 this?
8 A. Yes.
9 Q. At this point the patient is still at
10 Wellington?
11 A. I have no idea where the patient was.
12 Q. Let me represent that to you, she didn't
13 get there to -- to St. Mary's until 3:30 in the
14 morning, give or take a few minutes.
15 At that point she's bleeding, she's
16 hemorrhaging, she's been getting units of blood, she's
17 been getting fluid, she's been getting
18 vasoconstrictors, right, but that won't cure her, will
19 it?
20 MR. PUYA: Form.
21 You want him to assume all these
22 things?
23 MR. BARNHART: Yes, I do.
24 BY MR. BARNHART:
25 Q. I want you to assume all that.

1 A. Yes.

2 Q. Assuming those things, that she had a
3 deligature, that she's bleeding, she had gotten units
4 of blood, she had gotten fluid, she had gotten
5 vasoconstrictors, that's still not going to cure her,
6 is it?

7 A. Correct.

8 Q. All right. You know, I guess you know
9 Dr. Goad, at least a little bit, they have general
10 surgeons over at Wellington, don't they?

11 A. Yes, they do.

12 Q. Then they have a general surgeon -- they
13 have general surgeons at St. Mary's?

14 A. Yes.

15 Q. But she was at a hospital already?

16 A. Correct.

17 Q. Was it made clear, at least in your mind
18 to Dr. Davis that trauma -- the trauma service was not
19 going to see this patient?

20 MR. WEBBER: Object to the form.

21 A. I was not aware of anything else except
22 that a couple of statements there that this was not a
23 trauma patient. Other than that, I did not know who
24 was discussing the case.

25 BY MR. BARNHART:

1 Dr. Davis was told -- Let me back up a little bit.

2 We end that page with Dr. Borrego saying
3 to Dr. Davis, call Dr. Henderson, who is the general
4 surgeon on call.

5 MR. PUYA: You're asking him to
6 assume all these things because he just
7 told you after the phone call he wasn't
8 involved?

9 MR. BARNHART: Well, it's right
10 here, the things we just read --

11 A. Yes.

12 BY MR. BARNHART:

13 Q. -- assuming that's true.

14 Assuming the nurse got it correctly,
15 there's a call placed to Dr. Henderson, and he says,
16 "I'm not going to see this patient because I don't
17 have privileges to do livers."

18 MR. WEBBER: Object to the form.

19 MS. GOLDMAN: Form.

20 BY MR. BARNHART:

21 Q. Whether he's right or wrong about that,
22 Dr. Davis and St. Mary's knows that trauma is not
23 going to see this young mother and the general surgeon
24 on call is not going to see this mother, correct?

25 MR. PUYA: Form.

1 Q. Well, I just want to make sure, was there
2 any ambiguity, was there anything unclear about your
3 conversation with Dr. Davis or Dr. Lopez or the nurse?

4 A. No.

5 MR. WEBBER: Object to the form.

6 A. No, there was no ambiguity.

7 BY MR. BARNHART:

8 Q. Dr. Davis at that point knew, right or
9 wrong, he knew that the trauma service was not going
10 to see Ashley Perez?

11 A. Correct.

12 MR. WEBBER: Object to the form.

13 BY MR. BARNHART:

14 Q. Then you weren't part of the telephone
15 call with Dr. Borrego, but when Dr. Borrego called, if
16 the nurse transcribed this correctly, and we know she
17 did because we got the phone calls, he told Dr. Davis
18 clearly, unambiguously, the trauma service, the trauma
19 service was not going to see this young mother?

20 A. Yes.

21 MR. WEBBER: Object to the form.

22 BY MR. BARNHART:

23 Q. And Dr. Davis knew that?

24 A. Assuming, yes.

25 Q. So at 2245, that's on the next page,

1 A. Yes.

2 BY MR. BARNHART:

3 Q. And yet, knowing that, Dr. Davis
4 ultimately approved the transfer of this young mother
5 from Wellington to St. Mary's?

6 MR. WEBBER: Object to the form.

7 A. Did he?

8 BY MR. BARNHART:

9 Q. Yes, he did.

10 A. Okay.

11 Q. I want you to -- we'll explore that
12 because the -- at 22, right here, there's a call back
13 to Dr. Davis made by the nurse and there's a
14 conference call connected with Dr. Lopez -- do you see
15 where I am?

16 A. Yes.

17 Q. We're on page 3 of 4.

18 -- to discuss further.

19 And then it says final plans.

20 So the final plans are formulated by the
21 chief, not by you, not by Dr. Lopez, not by
22 Dr. Henderson, but the chief, right?

23 MR. WEBBER: Object to the form.

24 BY MR. BARNHART:

25 Q. Correct?

1 A. Yes.
 2 Q. And the chief is Dr. Davis?
 3 THE WITNESS: Can we take a pause
 4 for a second?
 5 MR. BARNHART: Yes, sure.
 6 THE VIDEOGRAPHER: Going off the
 7 record. The time is 11:12 a.m.
 8 (A brief recess was taken.)
 9 THE VIDEOGRAPHER: Going back on
 10 the record. The time is 11:22 a.m.
 11 BY MR. BARNHART:
 12 Q. Dr. El-Haddad, we are going back to
 13 page 3 of 4, when we took the break, and I was on the
 14 part down here, it's 22 something, but it says final
 15 plans?
 16 A. Yes.
 17 Q. And the final plans, those final plans
 18 were being dictated essentially by Dr. Davis?
 19 A. Correct.
 20 Q. So this is what the nurse writes as she's
 21 taking notes of Dr. Davis' orders. "Final plans as
 22 follows: Dr. Lopez to admit the patient to SMMC" --
 23 that's St. Mary's, isn't it?
 24 A. Yes.
 25 Q. -- "And write for critical care consult

1 Q. So his plan -- his final plan is to have
 2 this young mother admitted to St. Mary's and for
 3 Dr. Lopez to write critical care consult upon patient
 4 arrival.
 5 Now, writing a critical care consult, does
 6 that mean that trauma services are going to come take
 7 care of her?
 8 A. No.
 9 Q. Well, then, Dr. Lopez is even --
 10 Dr. Lopez -- let's go back.
 11 Dr. Davis, the chief medical officer, then
 12 says in the very next line, "Once critical care
 13 consult written, trauma services will evaluate."
 14 MR. WEBBER: Object to the form,
 15 mischaracterizes evidence.
 16 BY MR. BARNHART:
 17 Q. Do you see that?
 18 A. That's what it says, yes.
 19 Q. Did I read that correctly?
 20 A. Yes.
 21 Q. Thank you. I just want to make sure we
 22 read it correctly there.
 23 When he writes this down -- I mean, when
 24 he gives this order and the nurse writes this down,
 25 once critical care consult written, trauma services

1 upon patient arrival," do you see that?
 2 A. Yes.
 3 Q. And then underneath that, it says, "Once
 4 critical care consult written, trauma services will
 5 evaluate."
 6 A. I see that, yes.
 7 Q. So this is the chief medical officer
 8 giving his orders, right?
 9 First of all, by -- I want to talk about
 10 the final plans. This is not Dr. Lopez' final plans,
 11 was it?
 12 MR. WEBBER: Object to the form.
 13 A. No.
 14 BY MR. BARNHART:
 15 Q. Not yours?
 16 A. No.
 17 Q. Not Dr. Henderson's?
 18 A. No.
 19 Q. Not Dr. Borrego?
 20 A. No.
 21 Q. This is Dr. Davis, as the chief medical
 22 officer at St. Mary's Medical Center?
 23 MR. WEBBER: Object to the form.
 24 A. Yes.
 25 BY MR. BARNHART:

1 will evaluate," is that accurate?
 2 MR. WEBBER: Object to the form.
 3 A. No, it is not accurate.
 4 BY MR. BARNHART:
 5 Q. I mean, it's accurately written, but I
 6 want to go -- is that what happens?
 7 A. That's not what happens.
 8 Q. How so?
 9 A. In 2014, and since I've been there since
 10 2007, there is no critical care team at St. Mary's
 11 Hospital, nor is there a call schedule for critical
 12 care, therefore, to ask for a critical care consult is
 13 very inaccurate.
 14 Q. In other words, when the chief medical
 15 officer gives his final plans and tells everybody what
 16 to do, his final plans were not going to be -- it
 17 couldn't happen?
 18 MR. WEBBER: Object to the form.
 19 A. It could not happen.
 20 BY MR. BARNHART:
 21 Q. In that situation did Dr. Davis -- I mean,
 22 Dr. Davis had to know the procedures at that point,
 23 right?
 24 A. Assuming so, yes.
 25 Q. Then did Dr. Davis, since this was his

1 plan, call you up and say Dr. El-Haddad, you're on
 2 call, you are ordered to see this patient?
 3 A. I did not receive any phone calls from
 4 anyone else regarding this matter.
 5 Q. So if that's what Dr. Davis wanted,
 6 critical care, which would invoke trauma services, he
 7 had to actually call you or somebody like you, one of
 8 your partners, to say you need to see this young
 9 mother?
 10 MR. WEBBER: Object to the form.
 11 A. Correct.
 12 BY MR. BARNHART:
 13 Q. Did that phone call ever take place?
 14 A. No, it did not.
 15 Q. Did you at this point know of the final
 16 plan?
 17 A. No, I did not.
 18 Q. Did you know the chief medical officer is
 19 telling people, including the transferring doctor and
 20 the nurse, nurses, that once the admitting physician
 21 writes critical care consult, then trauma services
 22 will come in and evaluate her?
 23 A. Repeat that again.
 24 Q. Sure. Did you know that the chief medical
 25 officer at this point was telling the transferring

1 Q. In this case, did you happen to find out
 2 that it took six, six and a half hours from the time
 3 that the transfer was accepted until the time she
 4 arrived at St. Mary's?
 5 A. I didn't know it until a few days later.
 6 Q. Have you ever heard in the practice of
 7 medicine that time is of the essence?
 8 A. Of course.
 9 Q. Meaning that somebody can bleed out or
 10 somebody can die if they don't get medical services?
 11 A. Yes.
 12 Q. For a lady like this, who is bleeding,
 13 even though she's young, even though she's otherwise
 14 healthy, is six and a half hours a long time to
 15 transfer somebody from one hospital to another?
 16 MR. BLOSTEIN: Form, predicate.
 17 A. Yes.
 18 BY MR. BARNHART:
 19 Q. In this case, you know she had a
 20 deligature of the ovarian artery, can a bleed from
 21 that artery, under that condition, lead to organ
 22 damage?
 23 A. Yes.
 24 Q. Can it lead to brain damage?
 25 A. Yes.

1 doctor and the nurses, you go ahead and write down
 2 critical care consult and that will bring in the
 3 trauma services to evaluate?
 4 A. No, I did not.
 5 MR. WEBBER: Object to the form.
 6 BY MR. BARNHART:
 7 Q. So at this point we know that general
 8 surgery is not going to see her, we know that trauma
 9 is not going to see her, and we know that simply
 10 writing down critical care consult is not enough to
 11 bring in trauma services, right?
 12 A. Correct.
 13 Q. So then did -- was it appropriate to
 14 accept a transfer for a young mother, who's bleeding
 15 potentially to death, into the hospital under these
 16 circumstances?
 17 MR. WEBBER: Object to the form.
 18 A. Not only is it unacceptable, but I believe
 19 it's an EMTALA violation to send an unstable patient
 20 and to actually release a patient from another
 21 hospital that is unstable.
 22 MR. BLOSTEIN: Object to the form
 23 and move to strike the portion
 24 nonresponsive.
 25 BY MR. BARNHART:

1 MR. PUYA: Form.
 2 BY MR. BARNHART:
 3 Q. Can it lead to death?
 4 A. Yes.
 5 Q. And I think we talked about this earlier,
 6 giving all the vasopressors and all the fluids and all
 7 the red blood cells in the world is going to buy time,
 8 but it's not going to cure her?
 9 A. Correct.
 10 Q. Which is safer, to operate on her, have
 11 her evaluated at the hospital where she is currently,
 12 Wellington, or to try to load her up into an ambulance
 13 and bring her over to St. Mary's, where it's not at
 14 all clear who would evaluate her?
 15 MR. PUYA: Form.
 16 MR. WEBBER: Form.
 17 A. It would safer for her to stay at
 18 Wellington Hospital.
 19 BY MR. BARNHART:
 20 Q. As far as you noted, Dr. Davis, I think we
 21 already talked -- Dr. Davis never called you and
 22 ordered you to see this patient, did he?
 23 A. Correct.
 24 Q. If he expected you, because you're the
 25 on-call doctor for trauma, to see this patient after

<p style="text-align: right;">Page 42</p> <p>1 the admitting doctor writes critical care consult, did</p> <p>2 he have an obligation to pick up the phone and tell</p> <p>3 you that?</p> <p>4 MR. WEBBER: Object to the form,</p> <p>5 mischaracterizes evidence.</p> <p>6 A. He could have called me and told me that.</p> <p>7 BY MR. BARNHART:</p> <p>8 Q. If he had called you and said, look, I'm</p> <p>9 the chief medical officer, you're on call trauma, but</p> <p>10 you also do critical care, I want you to see this</p> <p>11 patient, then would you have seen the patient?</p> <p>12 MR. WEBBER: Object to the form.</p> <p>13 MR. BLOSTEIN: Form.</p> <p>14 A. Yes, I would have.</p> <p>15 BY MR. BARNHART:</p> <p>16 Q. If he had picked up the phone and done</p> <p>17 that to the general surgeon on call, would the</p> <p>18 obligation be of the general surgeon to do what the</p> <p>19 chief medical officer said?</p> <p>20 MR. WEBBER: Object to the form.</p> <p>21 A. Yes.</p> <p>22 BY MR. BARNHART:</p> <p>23 Q. Had Davis ever picked up the phone and</p> <p>24 called you and said, hey, I want you to see a patient?</p> <p>25 A. No, he did not.</p>	<p style="text-align: right;">Page 44</p> <p>1 Q. Sure.</p> <p>2 Was it fair to assume that since Dr. Davis</p> <p>3 was talking to Dr. Lopez, at the time he came up with</p> <p>4 this final plan and the nurses were on the phone, that</p> <p>5 from Dr. Lopez' position and the nurse's position,</p> <p>6 once Dr. Lopez wrote the words that were said,</p> <p>7 "critical care consult," he had the expectation that</p> <p>8 trauma would see this patient?</p> <p>9 MR. SOLOMON: Object to the form.</p> <p>10 MR. BLOSTEIN: Form.</p> <p>11 MR. WEBBER: Form.</p> <p>12 A. I guess so, yes.</p> <p>13 BY MR. BARNHART:</p> <p>14 Q. So Dr. Davis says transfer, because she's</p> <p>15 transferred, it's his decision, right, that he can</p> <p>16 make the decision right away, can't he?</p> <p>17 MR. WEBBER: Object to the form.</p> <p>18 A. Yes.</p> <p>19 BY MR. BARNHART:</p> <p>20 Q. Dr. Davis, he was the chief medical</p> <p>21 officer, but he was also a physician?</p> <p>22 A. Yes.</p> <p>23 Q. We found out in his deposition that he</p> <p>24 was -- his background was emergency medicine?</p> <p>25 A. Yes.</p>
<p style="text-align: right;">Page 43</p> <p>1 Q. Did Dr. Davis, as far as you know, ever</p> <p>2 order anybody on the trauma service?</p> <p>3 A. I'm not aware of anything that happened</p> <p>4 that evening.</p> <p>5 Q. Well, did he ever order, as far as you</p> <p>6 know, Dr. Borrego to go see that patient?</p> <p>7 A. Not that I'm aware of.</p> <p>8 Q. Did he order any physician to go see that</p> <p>9 patient?</p> <p>10 MR. WEBBER: Object to the form.</p> <p>11 A. Not that I'm aware of.</p> <p>12 BY MR. BARNHART:</p> <p>13 Q. Now, from Dr. Lopez' standpoint,</p> <p>14 Dr. Lopez, we know -- if the nurse is correctly</p> <p>15 transcribing this -- is on the phone with Dr. Davis,</p> <p>16 and Dr. Davis says what we just explained, the final</p> <p>17 plans, you go ahead and write down critical care</p> <p>18 consult and trauma services will evaluate.</p> <p>19 So at that point is it fair to say that</p> <p>20 both Dr. Lopez and the transferring nursing team</p> <p>21 expected that when Ashley Perez, this young mother got</p> <p>22 to St. Mary's, the trauma service would evaluate her?</p> <p>23 MR. WEBBER: Object to the form.</p> <p>24 A. Can you say that again.</p> <p>25 BY MR. BARNHART:</p>	<p style="text-align: right;">Page 45</p> <p>1 Q. So he also knew some of the medical</p> <p>2 details, right?</p> <p>3 A. Yes.</p> <p>4 Q. He knew her age, he knew that she was</p> <p>5 hemorrhaging, he knew that she had had a number of</p> <p>6 fluids and he knew that the general surgeon at</p> <p>7 Wellington had refused to see her?</p> <p>8 MR. WEBBER: Objection to form.</p> <p>9 MR. BLOSTEIN: Form.</p> <p>10 A. Yes.</p> <p>11 MR. SOLOMON: Form,</p> <p>12 mischaracterizes evidence.</p> <p>13 BY MR. BARNHART:</p> <p>14 Q. If the general surgeon -- you told him</p> <p>15 this is a general surgery problem, right?</p> <p>16 A. Yes.</p> <p>17 Q. If he still decides to accept her, that is</p> <p>18 Dr. Davis, is it the obligation of the accepting</p> <p>19 hospital, St. Mary's through its chief medical</p> <p>20 officer, to make sure that someone is there with</p> <p>21 surgical skills to evaluate her?</p> <p>22 MR. WEBBER: Object to the form.</p> <p>23 A. Yes.</p> <p>24 BY MR. BARNHART:</p> <p>25 Q. It may be trauma, it may be general</p>

1 surgery, but somebody who can actually do that?
 2 MR. WEBBER: Object to the form.
 3 A. Yes.
 4 BY MR. BARNHART:
 5 Q. And Dr. Kumar -- did you know Dr. Kumar?
 6 A. Yes.
 7 Q. So Dr. Kumar was an intensivist or
 8 hospitalist?
 9 A. He's a hospitalist, he's not an
 10 intensivist.
 11 Q. He did not have surgical skills, did he?
 12 A. No, he does not.
 13 Q. So saying admit to Dr. Kumar, everyone at
 14 that point knew that Dr. Kumar could not operate?
 15 A. Correct.
 16 Q. That's just not the kind of doctor he is?
 17 A. Correct.
 18 Q. Now, if you had been ordered to see this
 19 patient -- we'll go on the differential diagnosis, if
 20 it was a liver rupture from HELLP syndrome, could you
 21 have packed that and stopped the bleeding?
 22 A. Yes.
 23 Q. If it was a deligature of the ovarian
 24 artery, could you have stopped the bleeding?
 25 A. Yes.

1 Q. Could a general surgeon --
 2 A. Yes.
 3 Q. -- if it had been a liver rupture, have
 4 gone in and stopped the bleeding?
 5 A. Yes.
 6 Q. Could a general surgeon have gone in and
 7 stopped the bleeding from a deligature of the ovarian
 8 artery?
 9 A. Yes.
 10 Q. So far as critical care is concerned,
 11 could you explain -- what's the difference between
 12 trauma surgery and critical care?
 13 A. Trauma surgery is the actual performance
 14 of surgeries, and critical care is managing someone on
 15 a ventilator in the intensive care unit, managing
 16 their blood pressure, managing pressors, blood
 17 products in the ICU.
 18 Q. Does that sort of go hand in hand or hand
 19 in glove, perhaps, with surgery?
 20 A. Well, not for surgery, but for trauma. We
 21 usually get unstable patients from their injuries and
 22 in order to keep them alive we have to continue the
 23 care in the intensive care unit.
 24 Q. So I want to talk about a statement now
 25 that Dr. Davis made about you. Dr. Davis said -- So

1 what we did, Dr. El-Haddad, there were a number of
 2 telephone calls on the transfer unit, and they're
 3 recorded, so we had a court reporter type these up.
 4 (Plaintiff's Exhibit No. 5 was marked for
 5 Identification by the reporter.)
 6 BY MR. BARNHART:
 7 Q. Let me show you -- and I guess we'll mark
 8 this as an exhibit, Exhibit 5, since I'm not
 9 numerically challenged.
 10 This is a transcription of a telephone
 11 call between -- not you, between Jeff Davis, D.O., and
 12 Jeffrey Davis, D.O. and Erica Filippone, R.N.
 13 So on the first page, this is apparently
 14 one of the first conversations, and she's connecting
 15 Dr. Lopez with Dr. Davis.
 16 So then Erica explains what's going on,
 17 Dr. Lopez is not part of this conversation, and she
 18 explains to Dr. Davis what's going on and a bit of a
 19 background about the patient.
 20 She explains to him that she developed,
 21 she being Ashley Perez, HELLP syndrome with a ruptured
 22 liver. And then she says -- Erica tells Dr. Davis on
 23 the first page, "So we got him on the recorded line
 24 with Dr. El-Haddad -- him is Dr. Lopez -- but
 25 Dr. El-Haddad doesn't feel that this is trauma and he

1 said he didn't have to accept her, and Dr. Lopez said
 2 he wanted to speak with you.
 3 Then we go forward, so that we have the
 4 general predicate of what's going on, and Dr. Davis
 5 says, uh-huh, and then Erica says, 'cause apparently
 6 Dr. Davis says, doesn't have to, and Erica says, the
 7 general surgeon at Wellington. And Dr. Davis says,
 8 uh-huh. And the general surgeon at Wellington, Erica
 9 said, he doesn't take care of livers. Dr. Davis says,
 10 yeah, well, El-Haddad is being lazy, but that's
 11 nothing new.
 12 So let me ask you about that, there's
 13 another couple of lines down, that I'm going to ask
 14 you about that, do you know what Dr. Davis meant with
 15 that -- about that?
 16 MR. WEBBER: Objection to form.
 17 MR. PUYA: Form.
 18 MR. WEBBER: Objection to the use
 19 of the transcription. We have a different
 20 actual transcription.
 21 MR. BARNHART: Okay.
 22 MR. PUYA: Let me note the
 23 objection to form, but you can answer the
 24 question, assuming it's accurate, but that
 25 could be subject to debate.

1 A. That's an unprofessional, childish
2 comment.
3 BY MR. BARNHART:
4 **Q. Well, let's go to what he's actually**
5 **saying. I want to ask you, in your position do you**
6 **feel that you've been lazy?**
7 MR. PUYA: Form.
8 MR. WEBBER: Join.
9 A. Absolutely not.
10 BY MR. BARNHART:
11 **Q. Do you know why Dr. Davis would say to a**
12 **nurse, not another physician, but a nurse, well,**
13 **Dr. El-Haddad is being lazy, but that's nothing new?**
14 MR. WEBBER: Object to the form.
15 A. It's very unprofessional.
16 MR. PUYA: Form.
17 BY MR. BARNHART:
18 **Q. But that's not really the question.**
19 MR. PUYA: How would he know why
20 Davis would say something?
21 MR. BARNHART: I don't know.
22 MR. PUYA: To delve into --
23 MR. BARNHART: Your objection is
24 form, right?
25 MR. PUYA: My objection is

1 speculation.
2 A. What's your question?
3 BY MR. BARNHART:
4 **Q. My question is: Do you know of any reason**
5 **why he would have said that?**
6 A. Absolutely not.
7 **Q. So then we go down a little bit more,**
8 **Erica says, you want me to get Dr. Lopez on the line**
9 **for you? I have him on the other line. And Davis**
10 **says, I think it would be better if you talk to**
11 **Dr. Borrego. Erica says, okay, because he's the head**
12 **of the group, you know. Erica says, so you want me to**
13 **get him connected with Borrego? And he says, yeah.**
14 **And then Davis says, you know, it may not be trauma,**
15 **but, you know, they're supposed to be there to help**
16 **out and do critical care and things like that.**
17 **Is Dr. Davis right?**
18 MR. WEBBER: Object to the form.
19 A. No, he's not right.
20 BY MR. BARNHART:
21 **Q. Tell me why.**
22 A. We're there to do trauma and that's what
23 we're there for. We have a contract with the county
24 and we have obligations to take care of trauma
25 patients. So if anyone in this room had a son,

1 daughter, mother, father, that was in an accident, and
2 I was not at my post doing my job, then I'll be
3 responsible for their death and I could not look at
4 you in the face. So I was doing my job and there are
5 other people that do their job that are available to
6 take care of what this poor young girl suffered and
7 went through.
8 **Q. Let me ask you a question then about that.**
9 **So at this point Dr. Davis knows that the**
10 **general surgeon at Wellington, rightly or wrongly, is**
11 **not going to see this patient?**
12 MR. WEBBER: Object to the form.
13 MR. BLOSTEIN: Join.
14 MR. SOLOMON: Object to the form.
15 BY MR. BARNHART:
16 **Q. He knows that you have said trauma is not**
17 **going to see this patient?**
18 A. Yes.
19 MR. WEBBER: Object to the form.
20 BY MR. BARNHART:
21 **Q. And he knows at this point that general**
22 **surgeon, Dr. Henderson, is not going to see this**
23 **patient?**
24 MR. WEBBER: Object to the form.
25 MR. PUYA: Form.

1 BY MR. BARNHART:
2 **Q. Right?**
3 A. Yes.
4 **Q. I want to make sure he answers.**
5 A. Yes.
6 **Q. Did you answer that?**
7 MR. PUYA: Speak up. Make sure you
8 answer yes or no loudly.
9 BY MR. BARNHART:
10 **Q. I want to make sure we got an answer.**
11 **General surgeon at Wellington, not going to see the**
12 **patient, right?**
13 A. Yes.
14 **Q. General surgeon at St. Mary's, not going**
15 **to see the patient?**
16 A. Yes.
17 **Q. Trauma service, not going to see the**
18 **patient?**
19 A. Correct.
20 **Q. Nonetheless, Dr. Davis comes up with a**
21 **plan that involves accepting the patient with the**
22 **transfer, right?**
23 A. Yes.
24 **Q. And the next part of the plan is to write**
25 **down in the admitting notes, critical care consult,**

Page 54

1 and it's his expectation that even though he knows
 2 trauma is not going to see her, that that will bring
 3 in somebody to see her?
 4 A. Correct.
 5 MR. WEBBER: Object to the form.
 6 BY MR. BARNHART:
 7 Q. So my question is this: Was it reckless
 8 of Dr. Davis to assume that writing critical care in
 9 the face of trauma and the two general surgeons saying
 10 we're not going to see her, would be enough to get
 11 somebody to evaluate Ashley Perez?
 12 MR. WEBBER: Form.
 13 MR. SOLOMON: Objection to the
 14 form, mischaracterizes evidence.
 15 A. Yes.
 16 BY MR. BARNHART:
 17 Q. That was a yes?
 18 A. Yes.
 19 Q. Was it reckless for Dr. Davis, knowing
 20 what we just knew, the two general surgeons in trauma
 21 service said I'm not going to see this patient, to
 22 accept the transfer of this young mother without
 23 ordering some physician who had surgical skills to see
 24 and evaluate this patient?
 25 MR. PUYA: Form.

Page 55

1 MR. WEBBER: Objection to form,
 2 mischaracterizes evidence.
 3 A. Yes.
 4 BY MR. BARNHART:
 5 Q. Is it enough to assume that someone will
 6 change their mind?
 7 MR. PUYA: Form, speculation, as to
 8 what someone else might do.
 9 Go ahead, you can answer.
 10 A. Unacceptable.
 11 MR. WEBBER: Object to the form.
 12 BY MR. BARNHART:
 13 Q. In other words -- I want to talk about the
 14 word assume. If one assumes in medicine without
 15 making sure, can one get in trouble?
 16 MR. PUYA: Form.
 17 A. Absolutely.
 18 MR. PUYA: Speculation.
 19 MR. BLOSTEIN: Form.
 20 MR. PUYA: Vague.
 21 BY MR. BARNHART:
 22 Q. This isn't about coming up with a
 23 diagnosis that might be right or wrong, this is about
 24 assuming someone is going to do something that they
 25 said they wouldn't do, correct?

Page 56

1 A. Correct.
 2 MR. WEBBER: Object to the form.
 3 BY MR. BARNHART:
 4 Q. I want you to assume that Dr. Davis in his
 5 deposition said under oath many things, but one of the
 6 things he said at page 82 was talking about you,
 7 Dr. El-Haddad, "That in the past he has not accepted
 8 trauma patients that he should have and I was forced
 9 to intervene."
 10 Has Dr. Davis ever been forced to
 11 intervene to make you take care of a patient?
 12 MR. WEBBER: Object to the form.
 13 MR. PUYA: Form.
 14 A. Not that I'm aware of.
 15 Q. You said you did not read Dr. Davis' depo?
 16 A. No.
 17 Q. It would have been interesting.
 18 MR. PUYA: What did you say?
 19 MR. BARNHART: It would have been
 20 interesting.
 21 MR. PUYA: Well, that would require
 22 him to comment on what somebody else said
 23 and we know that's not how depositions
 24 usually go or testimony.
 25 MR. BARNHART: You can't testify

Page 57

1 about somebody else's expertise, but you
 2 can talk about statements.
 3 MR. PUYA: No, but you can't
 4 testify about what somebody said.
 5 MR. BARNHART: Let's go on.
 6 MR. PUYA: I think you established
 7 what Davis said as far as he's concerned
 8 is not what he believes to be the truth,
 9 but whatever.
 10 MR. BARNHART: I agree.
 11 BY MR. BARNHART:
 12 Q. One thing Dr. Davis did say, and I want to
 13 know if you agree with this statement or not, that the
 14 standard for surgeons, is that sometimes you have to
 15 go beyond that which you're credentialed to do to save
 16 a life?
 17 MR. PUYA: Form.
 18 BY MR. BARNHART:
 19 Q. Do you agree with that?
 20 MR. SOLOMON: Form.
 21 MR. WEBBER: Form.
 22 A. Not necessarily. You have to be
 23 comfortable to do that. Some people are not
 24 comfortable going above and beyond.
 25 Q. Okay, but let me just go back, though. If

1 you're not credentialed to do something and somebody
 2 happens to be dying in front of you --
 3 A. It doesn't matter --
 4 Q. Aren't surgeons trained to do what they
 5 can to save a life?
 6 A. Yes.
 7 Q. I mean, that's part of medical school,
 8 isn't it?
 9 A. Yes.
 10 Q. Part of surgical training?
 11 A. Yes.
 12 Q. But that would also apply to the general
 13 surgeon at Wellington, wouldn't it?
 14 MR. WEBBER: Form.
 15 A. Yes.
 16 BY MR. BARNHART:
 17 Q. It would apply to the general surgeon at
 18 St. Mary's?
 19 A. Yes.
 20 MR. WEBBER: Object to the form.
 21 BY MR. BARNHART:
 22 Q. It would apply to any surgeon?
 23 A. Yes.
 24 Q. Dr. Kumar, we talked about him, and I want
 25 to show you his note.

1 And this is Plaintiff's Exhibit 3, and I
 2 put a little X down at the bottom.
 3 (Plaintiff's Exhibit No. 3 was marked for
 4 Identification by the reporter.)
 5 BY MR. BARNHART:
 6 Q. It says down at the bottom, "I've spoken
 7 to Dr. El-Haddad, trauma on call at around 4:00 a.m.
 8 and he said he would discuss with Dr. Borrego and see
 9 if his boss agrees -- with Dr. Borrego. And if his
 10 boss agrees, he will see the patient."
 11 So I want to stop there.
 12 Do you remember discussing this patient
 13 with Dr. Kumar?
 14 A. No, I did not.
 15 Q. You were -- you were working all night --
 16 A. Correct.
 17 Q. -- that night.
 18 So we have Exhibit 4.
 19 (Plaintiff's Exhibit No. 4 was marked for
 20 Identification by the reporter.)
 21 BY MR. BARNHART:
 22 Q. And Exhibit 4, the caption on that is All
 23 Events Over Time. And I think what it is, it's a
 24 capture of a key fob when you go in and out of things.
 25 A. Uh-huh.

1 Q. So looking at this exhibit, All Events
 2 Over Time, is it the capture of times when you've
 3 entered early or left different rooms based on a key
 4 fob?
 5 A. Yes.
 6 Q. Right up at the top -- at the bottom it
 7 has going in to get lunch or whatever it may be, but
 8 at the top I have ICU.
 9 A. Uh-huh.
 10 Q. And the times there range from
 11 approximately 3:30 to about 3:46 a.m.?
 12 A. Yes.
 13 Q. Does that show you that you were in the
 14 ICU then?
 15 A. I was in ICU at the time.
 16 Q. What rooms are those, what room numbers?
 17 A. 401 to 408.
 18 Q. As I recall, the ICU at St. Mary's has
 19 sort of a central hallway and then on one side it has
 20 a number of beds and on the other side it has a number
 21 of beds?
 22 A. Correct.
 23 Q. Do you remember speaking to Dr. Kumar at
 24 that point?
 25 A. No.

1 Q. So, do you deny you did or just don't
 2 remember?
 3 A. I did not speak to Dr. Kumar at all --
 4 MR. PUYA: Form.
 5 A. -- on 4/21 or 4/22, or ever regarding
 6 Ashley Perez.
 7 BY MR. BARNHART:
 8 Q. Do you remember seeing Ashley Perez there?
 9 A. No, I did not.
 10 Q. Because she was there, by that time she
 11 was at the hospital?
 12 A. I do not know when she got to the
 13 hospital.
 14 Q. When I say the hospital, St. Mary's.
 15 A. Can you tell me what time she got to the
 16 hospital?
 17 Q. About 3:26, something like that.
 18 A. Okay.
 19 MR. HECHT: A.m.
 20 MR. BARNHART: A.m.
 21 A. Do you know what bed she was in?
 22 Q. 416, I believe.
 23 A. So that's really important, because if I
 24 went to ICU-A, there's absolutely no way I would have
 25 seen her or even walked by her room.

- 1 Q. Tell us why.
 2 A. Because logistically it's on the
 3 opposite -- it's a completely separate ICU.
 4 Q. But it's divided by a central corridor,
 5 right?
 6 A. No. I can draw it out for you.
 7 MR. PUYA: Don't draw anything
 8 right now. Just wait.
 9 A. It's not -- if I was in ICU-A, it's
 10 completely opposite of where ICU-B is.
 11 BY MR. BARNHART:
 12 Q. How far away is it?
 13 A. It's a significant distance I have to walk
 14 to go to ICU-B. If I'm going to ICU-A, there's no way
 15 I would have went to ICU-B.
 16 Q. Dr. Kumar does work in both A and B,
 17 doesn't he?
 18 A. He works everywhere in the hospital.
 19 Q. But that night he was in intensive care?
 20 A. There's no such thing as intensive care
 21 for a hospitalist. There is no intensive care unit
 22 group at the hospital.
 23 Q. But he was the admitting physician --
 24 A. Yes.
 25 Q. -- for Ashley?

- 1 A. Okay.
 2 Q. So this consult that we have right there,
 3 I didn't go over everything, I just went with the part
 4 that was dealt with you, but he was medically managing
 5 her until she was able to get surgery?
 6 A. Okay.
 7 Q. So he's the doctor there?
 8 A. Yes.
 9 Q. Dr. Lopez didn't have ICU privileges and
 10 didn't have the privileges to do that, so Dr. Kumar is
 11 the one who actually admitted her?
 12 A. Okay.
 13 Q. So these are his records.
 14 So he says, I've spoken with
 15 Dr. El-Haddad, and then he also called and said,
 16 you'll discuss with Dr. Borrego, did you talk to
 17 Dr. Borrego later that morning?
 18 A. I didn't speak to Dr. Borrego, nor did I
 19 speak to Dr. Kumar.
 20 Q. All right. So he then says, I then called
 21 the second on-call trauma on-call, Dr. Hristov, about
 22 6:00 a.m., and Dr. Hristov in his deposition said the
 23 numbers are off, that is the timing is off, but he did
 24 speak to Dr. Kumar, do you know if that's --
 25 A. I do not.

- 1 Q. Do you have any information about that?
 2 A. No, I do not.
 3 Q. Is the -- is the ICU -- it's ground floor,
 4 isn't it, at St. Mary's?
 5 A. Yes.
 6 Q. The adult ICU?
 7 A. Yes.
 8 Q. And both of them are on that same floor?
 9 A. Yes.
 10 MR. BARNHART: All right. I don't
 11 have anything else right now.
 12 Thank you, Dr. El-Haddad.
 13 CROSS EXAMINATION
 14 BY MR. SOLOMON:
 15 Q. I guess it's almost good afternoon,
 16 Dr. El-Haddad. My name is Scott Solomon and I
 17 represent Dr. James Goad.
 18 I'm going to have some questions. So that
 19 we are clear, you are not here today in the role as an
 20 expert; is that correct?
 21 A. That's correct.
 22 MR. PUYA: Form.
 23 BY MR. SOLOMON:
 24 Q. You're really here to talk about your
 25 involvement in this case?

- 1 A. That's correct.
 2 MR. BARNHART: Form.
 3 BY MR. SOLOMON:
 4 Q. From what I understand, based upon
 5 Mr. Barnhart's questions, your involvement in this
 6 case was very limited?
 7 A. Correct.
 8 Q. Have you reviewed Dr. Goad's deposition?
 9 A. No, I have not.
 10 Q. Have you reviewed Dr. Henderson's
 11 deposition?
 12 A. No, I have not.
 13 Q. Have you reviewed any of the medical
 14 records from Wellington?
 15 A. Maybe one page.
 16 Q. As far as what that was, do you even
 17 remember?
 18 A. No.
 19 Q. As far as the care and treatment and what
 20 happened at Wellington, so that we're clear, you
 21 really don't have any knowledge of?
 22 A. Correct.
 23 Q. Have you reviewed any of the radiographic
 24 studies in this case?
 25 A. No, I have not.

- 1 Q. Have you reviewed Dr. Lopez' deposition?
 2 A. No, I have not.
 3 Q. Now, when -- before we started your
 4 deposition, if I heard Mr. Barnhart correctly, he's
 5 met you prior to today, hasn't he?
 6 A. Mr. Barnhart?
 7 Q. Yes, the attorney seated to your left?
 8 A. Yes, he has.
 9 Q. And how many times have you met with him?
 10 A. Maybe once or twice.
 11 Q. Was it concerning this case or do you know
 12 him --
 13 A. It was concerning another trauma case
 14 where I was being deposed or a deposition was being
 15 taken.
 16 Q. Tell me, were you a defendant in that
 17 case, or tell me the circumstances that you met
 18 Mr. Barnhart.
 19 MR. PUYA: Form.
 20 A. I don't remember.
 21 BY MR. SOLOMON:
 22 Q. Have you -- prior to today have you spoken
 23 with Mr. Barnhart at all concerning this case?
 24 A. No, I have not.
 25 Q. When Mr. Barnhart met with you on a couple

- 1 of occasions was it -- from what I understand your
 2 testimony, it concerned another case and another
 3 patient?
 4 A. Correct.
 5 Q. Did he depose you in that case?
 6 A. I don't remember.
 7 Q. Do you know whether or not Mr. Barnhart or
 8 his law firm has worked with Palm Beach Trauma
 9 Associates in the past?
 10 A. I do not.
 11 Q. Do you know whether or not has he ever
 12 represented you or your group?
 13 A. Not to my knowledge.
 14 Q. Now you never spoke with Dr. Goad
 15 concerning this case; is that correct?
 16 A. Correct.
 17 Q. As far as what Dr. Goad's conversation was
 18 with Berto Lopez on April 21st, and the substance of
 19 that conversation, you have no firsthand knowledge of
 20 or personal knowledge of, correct?
 21 A. Correct.
 22 Q. All you have is Dr. Lopez' limited
 23 statement as far as what he had discussed with
 24 Dr. Goad, correct?
 25 A. No.

- 1 MR. PUYA: Form.
 2 A. All I have is the phone conversation with
 3 the Transfer Center regarding Dr. Lopez trying to
 4 bring the patient to St. Mary's.
 5 BY MR. SOLOMON:
 6 Q. Now Dr. Lopez was Ms. Ashley Perez'
 7 treating physician and delivering obstetrician,
 8 correct?
 9 A. Yes.
 10 Q. Do you know Dr. Lopez?
 11 A. Not really.
 12 Q. Were you aware that his privileges were
 13 suspended from St. Mary's in relation to this case?
 14 MR. BARNHART: Object to the form;
 15 move to strike.
 16 A. I do know that.
 17 BY MR. SOLOMON:
 18 Q. I don't want to know of any conversations
 19 that you've had with Mr. Puya, your attorney, of
 20 course that's privileged, but independent of any
 21 conversations with Mr. -- that you had with Mr. Puya,
 22 how do you know of that?
 23 A. From the hospital meetings or hospital
 24 administration or rumors in the hospital.
 25 Q. You knew that he had his privileges --

- 1 MR. BARNHART: Hold on. Objection,
 2 move to strike.
 3 Do I need to keep objecting or can
 4 I have an objection to this whole line?
 5 MR. SOLOMON: You can have a
 6 standing objection to this whole line of
 7 questioning.
 8 BY MR. SOLOMON:
 9 Q. You knew that Dr. Lopez had his privileges
 10 suspended in relation to the care that he rendered to
 11 Ashley Perez, correct?
 12 MR. PUYA: Form, predicate.
 13 A. I'm aware, yes.
 14 BY MR. SOLOMON:
 15 Q. You had also mentioned that you found out
 16 later on about a conversation with Dr. Lopez and
 17 Dr. Goad, where Dr. Goad did not want to come in to do
 18 surgery on the patient; do you recall that testimony?
 19 A. I'm not aware of anything regarding who
 20 did what. I'm learning it just as I was learning it
 21 when I was dragged into this case.
 22 Q. Were you aware that Dr. Lopez isn't even a
 23 defendant in this case?
 24 A. No, I'm not. I don't.
 25 Q. Were you aware that as it turns out

- 1 Dr. Lopez' assumption that this patient had HELLP
2 syndrome and possibly had a ruptured liver, that that
3 was an incorrect diagnosis?
4 A. I know that's an incorrect diagnosis.
5 Q. She ended up having a deligature of an
6 artery, correct?
7 A. Correct.
8 Q. And that was a surgery that was done by
9 Dr. Lopez?
10 A. Correct.
11 Q. Something which easily could have been
12 corrected by Dr. Lopez if he had taken her back to
13 surgery?
14 A. That's correct.
15 Q. Did you ever have any discussions with
16 Dr. Lopez concerning why he did not take her back to
17 surgery?
18 A. No, I did not speak with Dr. Lopez at all
19 regarding this case.
20 Q. Now in terms of -- I have a few questions
21 about --
22 A. I just spoke to him for two minutes or
23 one minute that you have the transcription of.
24 Q. Some very limited information concerning
25 the patient, correct?

- 1 A. Yes. You guys have the transcription.
2 Q. Based upon this limited information, you
3 informed him that you did not believe that this
4 patient met trauma criteria?
5 A. Correct.
6 Q. You explained to Mr. Barnhart that you are
7 a trauma surgeon, correct?
8 A. Yes.
9 Q. When did you last practice solely as a
10 general surgeon? I know it was part of your training
11 and then you became a trauma surgeon, but when did you
12 last practice as a general surgeon?
13 A. I still practice as a general surgeon.
14 Q. Is it part of your trauma practice? Or
15 tell us the nature of that.
16 MR. PUYA: Form.
17 A. Occasionally I do a general surgery
18 consult, but it has been probably maybe a year that I
19 have not done a general surgery case. Not
20 remembering.
21 BY MR. SOLOMON:
22 Q. It's a very limited part of your practice,
23 general surgery, the bulk of your practice is trauma?
24 A. Correct.
25 Q. As far as what Dr. Goad does at Wellington

- 1 Regional, as far as what he is credentialed to do,
2 what he's allowed to do and what he does not do, do
3 you have any knowledge of?
4 A. No, I do not.
5 Q. And you have no knowledge as far as
6 whether Dr. Goad is credentialed to do liver
7 procedures at Wellington, correct?
8 A. Correct.
9 Q. As far as what Dr. Goad's experience is in
10 handling livers and working on livers, you have no
11 knowledge of, correct?
12 A. Correct.
13 Q. Now, Mr. Barnhart told you when he was
14 asking you a series of questions concerning Dr. Lopez
15 and Dr. Goad told you that there was a less than
16 two-minute conversation between Dr. Goad and
17 Dr. Lopez, correct?
18 A. Yes.
19 Q. As far as whether Dr. Lopez ever informed
20 him -- informed Dr. Goad that he had a patient that he
21 had done surgery on that he believed was bleeding
22 postoperatively, as far as whether Dr. Lopez ever told
23 Dr. Goad that, you have no personal knowledge of?
24 MR. BARNHART: Object to the form.
25 A. Correct.

- 1 BY MR. SOLOMON:
2 Q. As far as whether Dr. Lopez ever asked
3 Dr. Goad to come in to assist him in taking the
4 patient back to do surgery, you have no knowledge as
5 far as whether Dr. Lopez ever asked him to do that,
6 correct?
7 A. Correct.
8 Q. As far as whether Dr. Goad ever said to
9 Dr. Lopez that he believed this to be a trauma case,
10 you have no knowledge as far as whether Dr. Goad
11 actually told Dr. Lopez that, correct?
12 A. Correct.
13 Q. Have you heard at the hospital -- when
14 I've asked you about some general conversations at the
15 hospital, have you heard at the hospital that
16 Dr. Lopez was blaming everyone involved in this case
17 in order to avoid responsibility?
18 MR. BARNHART: Seriously? That's a
19 question, what rumors or hearsay --
20 Object to the form.
21 MR. PUYA: Don't speculate.
22 MR. SOLOMON: I'm taking the lead
23 from your questioning, Greg, with all due
24 respect.
25 MR. PUYA: Don't speculate. If you

1 know, you can tell him.
 2 A. I don't have any knowledge of that.
 3 BY MR. SOLOMON:
 4 **Q. As it relates to Dr. Goad as far as what**
 5 **he should have done concerning this patient based upon**
 6 **the information that he had concerning this patient,**
 7 **as I understand your testimony here, you're not**
 8 **holding yourself out as an expert, correct?**
 9 A. Correct.
 10 **Q. As far as whether Dr. Goad should have**
 11 **come in and done anything on this patient, since you**
 12 **don't have knowledge as far as what Dr. Goad knew or**
 13 **did not know at the time, as far as what his**
 14 **privileges were at the hospital, you really have no**
 15 **opinion, correct?**
 16 MR. BARNHART: Objection to form.
 17 A. I have an opinion, if you want to hear it.
 18 MR. PUYA: The motion you said
 19 before citing the case that you cited now,
 20 you're wanting to see --
 21 BY MR. SOLOMON:
 22 **Q. What I'm trying to establish is, you don't**
 23 **really have -- you don't know what Dr. Goad knew or**
 24 **did not know, correct?**
 25 MR. BARNHART: Objection.

1 A. Correct.
 2 BY MR. SOLOMON:
 3 **Q. You don't know what Dr. Goad's privileges**
 4 **were at Wellington, correct?**
 5 A. Correct.
 6 **Q. And in all fairness to Dr. Goad, as far as**
 7 **what he should have done or should not have done,**
 8 **would you agree that since you don't have that**
 9 **knowledge, those facts, that it would be**
 10 **speculative --**
 11 MR. BARNHART: Objection to form.
 12 BY MR. SOLOMON:
 13 **Q. -- as far as what he should or should not**
 14 **have done?**
 15 MR. PUYA: Form.
 16 MR. BARNHART: Object to the form.
 17 A. I can tell you what he should have done,
 18 if you really want to know.
 19 MR. PUYA: Let me just caution
 20 you --
 21 MR. BARNHART: Wait a minute. He's
 22 entitled to answer his question.
 23 MR. PUYA: The problem is, you
 24 cited a case earlier, you objected to
 25 Greg's questioning --

1 BY MR. SOLOMON:
 2 **Q. You were not involved in treating this**
 3 **patient that Dr. Goad was consulted?**
 4 MR. BARNHART: Wait, wait, wait,
 5 stop, stop.
 6 There was a question and he started
 7 to answer and it's inappropriate to stop
 8 the witness.
 9 MR. PUYA: Go ahead. Since that
 10 door is open, go ahead and finish.
 11 A. In my opinion, he's a board certified
 12 general surgeon, and he should have went and saw the
 13 patient over there at Wellington.
 14 BY MR. SOLOMON:
 15 **Q. That's based upon him being provided**
 16 **certain information, isn't it, Doctor?**
 17 A. Yes.
 18 **Q. You don't know what information is**
 19 **provided by Dr. Lopez, correct?**
 20 A. I don't know what information is provided
 21 by Dr. Lopez.
 22 **Q. And you were not involved in treating --**
 23 **or you were not even involved in treating Ms. Perez,**
 24 **as I understand your testimony?**
 25 A. Correct.

1 **Q. You would have spoken with Dr. Lopez after**
 2 **he had already had this conversation with Dr. Goad,**
 3 **correct?**
 4 A. According to the timeline, yes.
 5 MR. SOLOMON: I don't have any
 6 further questions for now.
 7 MR. BARNHART: Anybody else?
 8 MR. BLOSTEIN: I do.
 9 CROSS EXAMINATION
 10 BY MR. BLOSTEIN:
 11 **Q. I'll hand you this transcription**
 12 **packet.**
 13 **All right, Doctor.**
 14 **Jeff Blostein, I represent Wellington**
 15 **Regional. I have a few questions for you.**
 16 **You told us that prior to today you never**
 17 **met with Mr. Barnhart to discuss this matter; is that**
 18 **correct?**
 19 A. Correct.
 20 **Q. And did you meet with -- meet or speak**
 21 **with any attorneys other than your own at any point**
 22 **about this matter?**
 23 A. No.
 24 **Q. You did not review, other than a single**
 25 **page apparently, the Wellington Regional Medical**

Center chart?

A. I briefly glanced at the binder and I didn't really look at anything in particular. I don't remember anything.

Q. Fair enough.

I'm going to ask you to go over some of the things with you that have been discussed so far, I'll try not to repeat much.

I handed you a transcription packet. This is the one done by Precision Translating Services, that's been used in depositions to date in this matter, and I gave you a specific page.

Do you still have it open to that?

A. Yes.

Q. This is the one where it looks like the Transfer Center is first reaching out to you; is that correct?

A. Correct.

Q. And it starts with Transcript Center --

MR. BARNHART: What's the time on that, Jeff?

MR. PUYA: Before you hand something to somebody, let me see it.

MR. BLOSTEIN: Thanks for the instruction, Keith.

you connected with Dr. Lopez, he's one of our obstetricians, he has a patient at Wellington, he wants to speak with you.

Did I read everything correctly up to that point?

A. Yes.

Q. Then the next thing you say in response to Erica reaching out to you is what, Doctor?

A. "I'm not talking to anyone."

Q. So the Transfer Center reached out to you as the trauma surgeon on call and gave you just one sentence at that point, that they were going to connect you with a physician, this highest level of conversation that you talked about with Mr. Barnhart earlier?

A. Yes.

Q. In response, your immediate response was, "I'm not talking to anybody; is that correct?"

MR. PUYA: Form.

A. That's correct.

BY MR. BLOSTEIN:

Q. Had you had information prior to that point about this case, about anything to do with the care, anything to do with Dr. Lopez? Did you know anything about this patient prior to getting a call

MR. PUYA: Come on guys; Jeff.

MR. BLOSTEIN: You saw me hand it to him, Keith. I don't want to get into it. Thank you.

MR. PUYA: But you normally hand it to me, please.

MR. BLOSTEIN: It's no secret. It's the same transcript.

MR. PUYA: Don't get so sensitive. I just want to see it. Take it down a notch.

MR. BARNHART: This is the one between Filippone and Dr. El-Haddad?

MR. BLOSTEIN: This is the one between Erica and Dr. El-Haddad.

THE WITNESS: Yes, Filippone.

MR. PUYA: Thank you. Thank you very much for letting me see that.

BY MR. BLOSTEIN:

Q. Are you ready?

A. Yes.

Q. It starts off: "Transfer Center, Erica speaking, how may I help you?"

"Hey, it's Dr. El-Haddad."

Erica says, "Hi there, I'm going to get

from Erica?

MR. PUYA: Form, and compound.

A. No, I did not, but just the mere fact that I know that Dr. Lopez is an obstetrician, I already know that he has nothing to tell me while I'm on call at trauma.

BY MR. BLOSTEIN:

Q. You don't know that until you speak to him? You don't know the circumstances of what his patient may be going through?

MR. PUYA: Form.

A. It didn't matter what his patient is going through. He's an OB/GYN doctor, and I know that he's an OB/GYN doctor and I'm a trauma surgeon and whatever he has to tell me, unless he can tell me that he has a mother that was shot, I have no -- I'm going to be wasting my time talking to him.

BY MR. BLOSTEIN:

Q. You didn't know at all what he would tell you, correct?

MR. PUYA: Form.

A. I doubt he's going to tell me someone was shot in his presence. So there's absolutely no reason I had any reason to waste my time talking to Dr. Lopez.

BY MR. BLOSTEIN:

Q. The Transfer Center reached out to you --

A. Correct.

Q. -- regarding a physician who had a patient that wanted to speak to you, correct?

A. Correct.

Q. And you knew nothing about that patient, whether it was a gunshot victim, whether it was any type of trauma patient, you made an assumption --

A. I made an assumption --

MR. PUYA: Hold on.

BY MR. BLOSTEIN:

Q. -- you made an assumption that it was not a trauma patient, and as such you would not even pick up the phone and have a conversation with the doctor?

MR. PUYA: Form, argumentative.

A. That's correct.

BY MR. BLOSTEIN:

Q. Ultimately you do have a conversation with the doctor, correct?

A. Yes.

Q. And if you could turn to that, several pages ahead of where you are.

Do you see where it says, Hey, Dr. Lopez, the first thing from Erica at the top of that page?

help, correct?

MR. PUYA: Form.

A. No, I did not.

BY MR. BLOSTEIN:

Q. You knew -- he was reaching out to you for a reason, right, because one of his patients needed help, correct?

A. I guess so, yes.

Q. By virtue of the fact you're learning that she's got four units of packed cells, two liters of fluids, does it sound to you, just based on that information, that this might be a patient that's bleeding?

MR. PUYA: Form.

A. There's no doubt that she's bleeding.

BY MR. BLOSTEIN:

Q. So Dr. Lopez is reaching out to you for help for a patient of his that's bleeding, correct?

A. That's correct.

Q. And you made a decision not to help him, correct?

MR. PUYA: Form.

A. I have my obligations to be on call for trauma and I'm not allowed to get involved in anything else. So it's like I'm the guard at the Pentagon and

A. Yes.

Q. And this is when you are connected with Dr. El-Haddad, correct?

A. Yes.

Q. I mean, you were connected with Dr. Lopez, correct?

A. Yes.

Q. And Dr. Lopez tells you a little bit about this patient, correct?

A. Yes.

Q. And he tells you that she might have blood around the liver. It says, "An ultrasound appears to show blood around the liver," which is suspicious for a rupture of Glisson's capsule, correct?

A. Yes.

Q. And Dr. Lopez goes on to tell you, "She's got four units of packed cells, two liters of fluids," and that's where she was at that point, correct?

A. Yes.

Q. And you immediately asked him whether he contacted the general surgeon on call at St. Mary's, correct?

A. Correct.

Q. You knew this was a patient that he was reaching out to you for at that point, that needed

something is happening at the Whitehouse, I can't leave the Pentagon to go to the Whitehouse. There's no doubt that this patient needed help, but there is a mechanism in place for her to get the help that she needed.

BY MR. BLOSTEIN:

Q. And that mechanism is what?

A. Calling the general surgeon.

Q. And according to this, that would have been Dr. Henderson?

MR. PUYA: Form.

A. That would have been Dr. Goad at Wellington Hospital, and then the second line of defense would have been Dr. Henderson at St. Mary's.

Q. Did you make any efforts, Dr. El-Haddad, to contact any surgeon to assist this doctor that at that point was reaching out to you?

A. No, there are mechanisms and that's what the Transfer Center is for.

Q. I'm asking you if you did, did you do it?

A. No, I did not.

Q. And ultimately you hung up on Dr. Lopez during that call, correct?

MR. WEBBER: Form.

A. Correct.

Page 86

1 BY MR. BLOSTEIN:

2 Q. And you've read this before, right?

3 A. I didn't read this version of it.

4 Q. Did you see where Dr. Lopez is asking,

5 "did he hang up on me," you saw that?

6 A. I see that now, yes.

7 Q. Is it that you hung up on him because you

8 were done?

9 A. Because he's wasting my time, yes.

10 Q. Fair enough.

11 I think Mr. Solomon made this clear with

12 you, you have no personal knowledge at all as to what

13 was actually discussed between Dr. Goad and Dr. Lopez

14 at Wellington Regional Medical Center?

15 MR. PUYA: This has been asked,

16 Jeff, three times.

17 MR. BARNHART: Objection.

18 MR. BLOSTEIN: I'm entitled to ask

19 my question.

20 MR. PUYA: I know, but you're not

21 entitled to ask the same questions that's

22 already been asked three times.

23 BY MR. BLOSTEIN:

24 Q. After you had that conversation with

25 Dr. Lopez, are you aware of Dr. Lopez making any

Page 87

1 effort at that point, after his conversation with you,

2 to reach back out to Dr. Goad to convey what you had

3 told him?

4 A. No, I was unaware of anything else after

5 that point.

6 Q. And you're not aware of any effort by

7 Dr. Lopez at all at that point, after his conversation

8 with you, to reach out to anybody in administration,

9 for example, at Wellington Regional to try to get

10 assistance in getting somebody to see the patient?

11 A. Correct.

12 Q. You had made a reference to EMTALA --

13 A. Yes.

14 Q. -- in your testimony.

15 Without looking at the records of

16 Wellington Regional Medical Center, you're not in a

17 position to give any opinions specifically with regard

18 to whether what took place would constitute some type

19 of EMTALA violation or not, correct?

20 MR. PUYA: Form.

21 A. Just from the conversation that he told me

22 that she had a code blue called on her, that's not a

23 stable patient and that is an EMTALA violation, to try

24 to move an unstable patient from one facility to

25 another, as far as my knowledge is concerned.

Page 88

1 BY MR. BLOSTEIN:

2 Q. Right. You want to work to try to

3 stabilize that patient, right?

4 A. That's right.

5 Q. And sometimes that work can take two,

6 three, four, five or even six hours, correct, Doctor?

7 MR. BARNHART: Object to the form.

8 A. Correct.

9 BY MR. BLOSTEIN:

10 Q. Because you want to make every effort to

11 stabilize the patient before transferring the patient

12 to another facility, and that can take time, right?

13 A. That's correct.

14 Q. And as you sit here today, do you have

15 knowledge as to what the doctors, the nurses and staff

16 at Wellington Regional Medical Center were doing in

17 the hours leading up to the actual transfer?

18 Do you have personal knowledge?

19 MR. PUYA: Form.

20 MR. BARNHART: If anything.

21 THE WITNESS: No.

22 MR. BARNHART: Objection.

23 BY MR. BLOSTEIN:

24 Q. What you do know is the doctor heading

25 this patient's care at Wellington Regional was a

Page 89

1 doctor by the name of Dr. Lopez, correct?

2 MR. PUYA: Form.

3 MR. BARNHART: Object to the form.

4 BY MR. BLOSTEIN:

5 Q. Were you made aware that Dr. Lopez left

6 his patient during those hours she was at Wellington

7 Regional Medical Center where they were working hard

8 to stabilize her?

9 MR. BARNHART: Objection to form.

10 A. Unknown.

11 Q. If Dr. Lopez had opened this patient up at

12 Wellington Regional Medical Center, none of us would

13 be here, correct?

14 A. Absolutely correct.

15 MR. BARNHART: Objection.

16 MR. BLOSTEIN: That's all I have.

17 Thank you.

18 MR. BARNHART: Do you have any,

19 John?

20 MR. WEBBER: I've got a couple of

21 questions.

22 CROSS EXAMINATION

23 BY MR. WEBBER:

24 Q. Dr. Lopez, my name is John Webber. I

25 represent --

1 MR. BARNHART: No, no, no.
 2 Dr. El-Haddad.
 3 MR. BLOSTEIN: You did the same
 4 thing.
 5 MR. WEBBER: I apologize.
 6 MR. PUYA: Why don't you start
 7 over.
 8 MR. WEBBER: Trust me, I'm not
 9 confusing you two in any way, shape or
 10 form.
 11 BY MR. WEBBER:
 12 **Q. Dr. El-Haddad --**
 13 MR. BARNHART: Well, wait a minute.
 14 I move to strike that. That's snarky,
 15 that's indecorous behavior by an attorney
 16 and it shouldn't be.
 17 MR. WEBBER: Well-deserved snark.
 18 MR. PUYA: Indecorous?
 19 THE WITNESS: Someone give me a
 20 thesaurus.
 21 MR. PUYA: I know, I'm going to
 22 Google that word in particular, if I can
 23 spell it.
 24 Go ahead, I'm sorry.
 25 BY MR. WEBBER:

1 **Q. And is there any category that would fit a**
 2 **bleeding liver in this trauma transfer criteria?**
 3 A. It's important to note that the mechanism
 4 of how the injury occurred is very important. So
 5 before you even get to this, you have to put this down
 6 and say, what is the initial inciting event that then
 7 leads to this page here.
 8 So, first ask what is the mechanism.
 9 **Q. When you say what is the mechanism, can**
 10 **you just explain --**
 11 A. The patient had to have sustained blunt
 12 force or a penetrating force injury to have sustained
 13 any one of these categories, meaning a plane crash, a
 14 helicopter crash, a boat accident, a shark bite,
 15 gunshot wound, a stab wound, car accident, pedestrian
 16 hit by car, bicycle crash, and I can go on and on and
 17 on.
 18 **Q. So in this -- not within that category**
 19 **would be surgical misadventure; is that correct?**
 20 MR. PUYA: Form.
 21 MR. BARNHART: Object to the form.
 22 A. It's not a mechanism of injury.
 23 BY MR. WEBBER:
 24 **Q. And in this case, we have what was**
 25 **misdiagnosed as a bleeding liver, following a**

1 **Q. My name is John Webber. I represent**
 2 **St. Mary's, I represent Dr. Borrego and I represent**
 3 **Dr. Davis in this matter.**
 4 I have a couple of questions for you.
 5 First of all, I want to hand you a couple of documents
 6 that I believe -- if you hand this down, mark that as
 7 exhibit, Defendants' 1.
 8 I apologize, I didn't print enough for
 9 everybody, but I think you've all seen it before.
 10 (Defendants' Exhibit No. 1 was marked for
 11 Identification by the reporter.)
 12 BY MR. WEBBER:
 13 **Q. Dr. El-Haddad, have you seen this document**
 14 **before?**
 15 A. Yes.
 16 **Q. And what is it?**
 17 A. The Palm Beach County Trauma Agency
 18 Inter-Facility Trauma Transfer Criteria.
 19 **Q. It's two pages, which essentially say the**
 20 **same thing; is that correct?**
 21 A. Correct.
 22 **Q. And this lays out what patients are able**
 23 **to be transferred between hospitals under the care of**
 24 **a trauma service; is that correct?**
 25 A. Correct.

1 C-section, would that be a trauma -- would that meet
 2 the trauma criteria?
 3 A. No, it does not.
 4 **Q. In fact, there was a bleeding artery,**
 5 **whether or not anybody knew about it at the time, but**
 6 **would that meet the trauma criteria?**
 7 A. No, it would not.
 8 **Q. So in either situation, either a bleeding**
 9 **artery or a HELLP situation, specifically involving**
 10 **Miss Perez, she is not a trauma candidate; is that**
 11 **correct?**
 12 A. Correct.
 13 **Q. That's not just your opinion as a trauma**
 14 **surgeon, but also the opinion of the Palm Beach County**
 15 **Trauma Agency?**
 16 A. And not only the Palm Beach County Trauma
 17 Agency, that's the opinion of the American College of
 18 Surgeons and thousands of surgeons in the United
 19 States of America.
 20 **Q. As an on-call trauma surgeon, why would**
 21 **you not accept a patient who was not a trauma**
 22 **candidate?**
 23 MR. PUYA: Form.
 24 A. Because my obligation is to those that
 25 meet trauma criteria and be available for not just

1 inter-facility trauma, but more importantly, those
2 patients that sustain a trauma activation, which is
3 they're acutely injured and need my services.

4 **Q. Have you reviewed the medical records from**
5 **St. Mary's Medical Center?**

6 A. No, I have not.

7 **Q. Have you ever spoken to Dr. Davis about**
8 **this case?**

9 A. No, I have not.

10 **Q. Have you ever spoken to Dr. Borrego, your**
11 **partner, about this case?**

12 A. Occasionally.

13 **Q. Did you speak with Dr. Borrego on the day**
14 **of this event?**

15 A. No, I did not. I don't recall speaking to
16 him.

17 **Q. Other than what your attorney may have**
18 **asked you, or the questions that Mr. Barnhart posed to**
19 **you, do you have any firsthand knowledge as to the**
20 **role of what Jeff Davis played in the transfer?**

21 A. No, I do not.

22 **Q. And Jeff Davis is, or was at the time, the**
23 **chief medical officer at St. Mary's, correct?**

24 A. Correct.

25 **Q. What's the role of the chief medical**

1 **do you have any firsthand knowledge as to the**
2 **admitting order for Ashley Perez in this case?**

3 A. No, I do not.

4 **Q. Do you know, other than what Mr. Puya may**
5 **have told you or the questions posed by doctor -- or**
6 **Mr. Barnhart, who decided to admit Ashley Perez?**

7 A. I did not.

8 MR. WEBBER: That's all the
9 questions I have.

10 THE WITNESS: Thank you.

11 MR. BARNHART: I have a few, but I
12 want to -- let's take a quick break.

13 THE VIDEOGRAPHER: Going off the
14 record. The time is 12:30 p.m.

15 (A brief recess was taken.)

16 THE VIDEOGRAPHER: Going back on
17 the record. Time is 12:38 p.m.

18 REDIRECT EXAMINATION

19 BY MR. BARNHART:

20 **Q. Dr. El-Haddad, I have a few more questions**
21 **and then we can finish.**

22 **So I'm going to talk first about the cross**
23 **examination that Mr. Solomon did and he represents**
24 **Dr. Goad, the general surgeon at Wellington.**

25 **So he said -- he asked you if you're here**

1 **officer?**

2 MR. PUYA: Form, predicate.

3 A. His role is supposed to be the liaison for
4 the physicians to the administration.

5 BY MR. WEBBER:

6 **Q. Have you ever been ordered by Dr. Davis or**
7 **any other chief medical officer to see a nontrauma**
8 **patient?**

9 A. No.

10 **Q. Had you ever been ordered by Dr. Davis or**
11 **any other chief medical officer to see a trauma**
12 **patient?**

13 A. Sometimes there's transfers from other
14 hospitals that we initially decline, and then
15 Dr. Davis would say, you know, we're going to accept
16 this patient.

17 **Q. And if that happens, he would come back to**
18 **you and say, we've decided we're going to accept this**
19 **patient as a trauma transfer?**

20 A. Correct.

21 **Q. And that did not happen in this case,**
22 **correct?**

23 A. No, it did not.

24 **Q. Other than the questioning by Mr. Barnhart**
25 **and any conversations you may have had with Mr. Puya,**

1 **as an expert, and so let's talk about that, you are**
2 **here as a trauma surgeon?**

3 A. Yes.

4 **Q. And you are here as a general surgeon?**

5 A. Yes.

6 **Q. And you're here as a board certified**
7 **general surgeon?**

8 A. Yes.

9 **Q. And you're here as a board certified**
10 **critical care specialist?**

11 A. Yes.

12 **Q. And you know what it takes to be board**
13 **certified in general surgery and in critical care?**

14 A. Yes.

15 **Q. So you didn't leave that at the door, did**
16 **you?**

17 A. No.

18 **Q. So when he asked you about whether you had**
19 **knowledge about the medical records at Wellington, you**
20 **do have knowledge about what a general surgeon should**
21 **and should not do and what they can and cannot do?**

22 A. Yes.

23 MR. SOLOMON: Form.

24 BY MR. BARNHART:

25 **Q. So then he asked you if you met me, is the**

1 case, or maybe cases, that we had where you were a
2 treating physician in a personal injury case many
3 years ago?

4 A. Yes.

5 Q. Is that the circumstance in which you met
6 me, or circumstances?

7 A. Yes.

8 Q. Does the fact that I represented one of
9 your patients in either a plane crash or car crash
10 years ago have any effect on your testimony today?

11 A. No.

12 Q. Do you meet many lawyers who represent
13 victims of trauma?

14 A. Yes.

15 Q. The consult that you were asked about, I'm
16 going to go back to the consult that Dr. Lopez had
17 with Dr. Goad, the general surgeon at Wellington.

18 We talked about a doctor-to-doctor, a
19 physician-to-physician consult, that's a high level
20 consult; isn't it?

21 A. Yes.

22 Q. And one doctor is supposed to tell the
23 other what to do or tell them what his patient is
24 about, and if there's a consult, get an opinion or get
25 the person in?

1 had Dr. Kumar asked you to assist with patients of
2 his?

3 A. I don't remember.

4 Q. I mean, do you try and help out when
5 somebody asks?

6 A. Yes, of course.

7 Q. So if it's Dr. Kumar and he's a
8 hospitalist, would it be people who are already in the
9 hospital, his patients at least?

10 A. Yes.

11 Q. Do you know if any of your partners have
12 helped out Dr. Kumar's patients?

13 A. Not that I'm aware of. We get consults
14 from Dr. Kumar for general surgery things, not
15 critical care consults.

16 Q. So I want to talk to you about a few more
17 items, and Mr. Blostein, who represents Wellington,
18 may ask you a question about the discussions that you
19 had, the one discussion you had with Dr. Lopez, and he
20 asked you if Dr. Lopez had then attempted to reach out
21 to anybody at Wellington, or to Dr. Goad in
22 particular, and you said, I don't know.

23 What we do know is that based on all these
24 telephone logs and telephone calls, Dr. Lopez then
25 continued to reach out to people at St. Mary's,

1 A. Yes.

2 Q. So you weren't part of that, but what we
3 do have is some records, and St. Mary's -- we talked
4 about this, Exhibit 1, the acceptance of patient
5 transfer sheet, and on page -- I guess the third page
6 of it, it says the reason for transfer, and I do
7 believe we covered this?

8 A. Yes.

9 Q. But if not, I want to make sure we did.

10 Reason for transfer request, and it says
11 on-call general surgeon, recommended transfer to
12 St. Mary's Hospital.

13 A. Yes.

14 Q. That on-call general surgeon happens to be
15 Dr. Goad, and he has all the obligations and duties to
16 a patient or to a consult, consulting physician, that
17 a general surgeon who's board certified has?

18 A. Yes.

19 MR. PUYA: Form.

20 MR. BLOSTEIN: Form.

21 MR. SOLOMON: Join.

22 MR. WEBBER: Join.

23 BY MR. BARNHART:

24 Q. I want to skip a little bit, Dr. Kumar,
25 the hospitalist, in the past -- apart from this case,

1 correct?

2 A. Correct.

3 MR. BLOSTEIN: Form of the
4 question, but go ahead.

5 BY MR. BARNHART:

6 Q. There were a number of different calls,
7 a number of calls with Dr. Davis and Dr. Lopez, calls
8 with Dr. Lopez and Dr. Henderson, a number of calls
9 with Dr. Lopez trying to get his patient into
10 St. Mary's?

11 MR. WEBBER: Object to the form.

12 A. Yes.

13 BY MR. BARNHART:

14 Q. If the reason for transfer is accurate,
15 that the on-call surgeon said, transfer her to
16 St. Mary's Hospital, he's working at St. Mary's
17 Hospital to get his patient in, he being Dr. Lopez,
18 right?

19 A. Yes.

20 Q. Mr. Webber for St. Mary's asked you about
21 this Inter-Facility Trauma Transfer Criteria?

22 A. Yes.

23 Q. I have a color copy, but it has head,
24 thorax, abdomen, spinal cord, different parts of your
25 body.

1 The Transfer Center, you said, well, a
 2 bleed, if it's not caused by trauma, is not a
 3 reason -- it doesn't meet transfer criteria for a
 4 trauma patient?
 5 A. Correct.
 6 Q. All right.
 7 But this wasn't just printed that day,
 8 that is April 21st, I mean, if you knew that, did
 9 Dr. Davis know that?
 10 A. Yes.
 11 Q. So the business about Ashley Perez, this
 12 young bleeding mother, not meeting transfer criteria,
 13 I mean, if she didn't, she didn't, but Dr. Davis said
 14 transfer her anyway, right?
 15 MR. WEBBER: Object to the form.
 16 A. Correct.
 17 BY MR. BARNHART:
 18 Q. So if you knew that she didn't meet the
 19 criteria and Dr. Davis knew that she didn't meet the
 20 criteria, did he have an obligation, since he was
 21 getting her transferred, to get somebody with surgical
 22 skills who could take care of her?
 23 MR. WEBBER: Object to the form.
 24 A. Yes.
 25 BY MR. BARNHART:

1 Q. Is it at all acceptable to bring a young
 2 bleeding mother into a hospital and not have a surgeon
 3 there to treat her?
 4 MR. SOLOMON: Form.
 5 MR. WEBBER: Object to the form.
 6 MR. PUYA: Form.
 7 THE WITNESS: It's unacceptable.
 8 MR. BARNHART: Thank you. I don't
 9 have anything else.
 10 MR. PUYA: Anything else, Guys?
 11 MR. SOLOMON: I don't. No.
 12 MR. PUYA: Hailey?
 13 MS. GOLDMAN: No, thank you, I
 14 don't have any questions.
 15 MR. PUYA: We'll read the
 16 deposition when it's typed up.
 17 Thank you, everyone.
 18 THE VIDEOGRAPHER: Going off the
 19 record. Time is 12:46 p.m. This marks the
 20 end of the deposition.
 21 (Thereupon, the proceedings
 22 concluded at 12:46 p.m.)
 23
 24
 25

CERTIFICATE OF OATH
 THE STATE OF FLORIDA)
 COUNTY OF PALM BEACH)

I, the undersigned authority, certify that
 AHMED M. EL-HADDAD, M.D. personally appeared before me
 and was duly sworn on the 18th day of May, 2018.

Signed this 23rd day of May, 2018

Barbara J. Shandell, RPR, FPR
 Notary Public - State of Florida
 My Commission No. FF 945479
 My Commission Expires: January 27, 2020



CERTIFICATE OF REPORTER

THE STATE OF FLORIDA)
 COUNTY OF PALM BEACH)

I, Barbara J. Shandell, Registered
 Professional Reporter, certify that I was authorized
 to and did stenographically report the deposition of
 AHMED M. EL-HADDAD, M.D., pages 1 through 107; that a
 review of the transcript was requested; and that the
 transcript is a true and complete record of my
 stenographic notes.

I further certify that I am not a
 relative, employee, attorney, or counsel of any of the
 parties, nor am I a relative or employee of any of the
 parties' attorney or counsel connected with the
 action, nor am I financially interested in the action.

DATED this 23rd day of May, 2018.

Barbara J. Shandell, RPR, FPR

AHMED M. EL-HADDAD, M.D.

NOTA

Date AHMED M. EL-HADDAD, M.D.

A				
a.m 1:22 5:4	admit 34:22	AMALIA 1:5	82:16	Atlantis 22:24
34:7,10 59:7	46:13 96:6	ambiguity 31:2	arrangements	attempted
60:11 61:19,20	admitted 36:2	31:6	106:10	100:20
63:22	63:11	ambulance	arrival 35:1	attorney 66:7
abdomen 101:24	admitting 38:20	19:19 41:12	36:4	68:19 90:15
able 63:5 91:22	42:1 53:25	America 93:19	arrived 40:4	94:17 105:14
above-address...	62:23 96:2	American 93:17	artery 11:13	105:16 106:9
106:9	adult 64:6	amount 106:13	40:20,21 46:24	106:14
absolutely 50:9	ADVANCED	anemia 18:15	47:8 70:6 93:4	attorneys 5:14
51:6 55:17	1:11	announce 5:14	93:9	77:21
61:24 81:23	advised 23:18	answer 14:5	Ashley 1:3,4	Audio 4:14
89:14	25:20 26:14	49:23 53:6,8	5:17 11:8	authority 104:7
accept 39:14	27:15	53:10 55:9	31:10 43:21	authorized
45:17 49:1	affirmatively	75:22 76:7	48:21 54:11	105:7
54:22 93:21	10:25 18:9,24	answering 14:22	61:6,8 62:25	available 52:5
95:15,18	25:14	answers 53:4	68:6 69:11	93:25
acceptable	affirmed 6:14	anybody 14:24	96:2,6 102:11	Avenue 2:16 3:4
14:15,16 103:1	afternoon 64:15	15:6 19:13	asked 73:2,5,14	avoid 73:17
acceptance	age 45:4	29:2 43:2 77:7	83:20 86:15,22	aware 29:3
17:23 20:8	Agency 91:17	80:18 87:8	94:18 96:25	30:21 43:3,7
99:4	93:15,17	93:5 100:21	97:18,25 98:15	43:11 56:14
accepted 19:12	agents 1:10,10	anyway 102:14	100:1,20	68:12 69:13,19
19:24 40:3	1:14,14	apart 99:25	101:20	69:22,25 86:25
56:7	ago 98:3,10	apologize 90:5	asking 9:24 32:5	87:6 89:5
accepting 19:7	agree 9:12,15	91:8	72:14 85:20	100:13
45:18 53:21	10:11 25:21	apparent 1:10	86:4	AYALA 3:3
accepts 20:13	28:8 57:10,13	1:14	asks 100:5	
accident 52:1	57:19 75:8	apparently 13:4	assist 73:3 85:16	
92:14,15	agreeing 27:25	27:24 28:18	100:1	B
accurate 37:1,3	agrees 9:21,25	48:13 49:5	assistance 87:10	B 1:17 19:5,8
49:24 101:14	59:9,10	77:25	associated 18:16	23:14 62:16
accurately 37:5	ahead 14:5 39:1	appearances 2:1	18:18	baby 18:22
act 9:9	43:17 55:9	3:1 5:15	Associates 1:13	back 20:6 22:19
action 105:17,17	76:9,10 82:23	appeared 104:8	1:16,18 7:5,11	27:12,14 32:1
activation 94:2	90:24 101:4	appears 83:12	67:9	33:12 34:9,12
actual 47:13	Ahecht@sear...	appendicitis	assume 9:8	36:10 57:25
49:20 88:17	2:7	16:14	11:22 12:21	70:12,16 73:4
acutely 94:3	Ahmed 1:16,20	apply 58:12,17	13:7 29:21,25	87:2 95:17
Adam 2:6 5:17	2:8 4:3 5:5	58:22	32:6 44:2 54:8	96:16 98:16
addition 13:10	6:13,20 7:7	appropriate	55:5,14 56:4	106:11
17:13,14	104:8 105:9	39:13	assumes 55:14	background
address 106:16	106:2,25 107:3	approved 33:4	assuming 30:2	13:13 44:24
administration	107:25	approximately	31:24 32:13,14	48:19
68:24 87:8	al 5:7	5:3 60:11	37:24 49:24	bandied 11:11
95:4	alive 47:22	April 16:3,18	55:24	Barbara 1:25
	allowed 9:23	67:18 102:8	assumption 70:1	104:22 105:6
	72:2 84:24	argumentative	82:9,10,13	105:25 106:18
				Barnhart 2:3,5

4:4,6 5:16,16 6:17 9:14 10:6 11:21 12:3 14:4 15:7,10 15:20 16:1 17:3,6,8,22 18:1 20:5,21 20:23 21:24 22:13 24:8,19 25:15 27:1 28:4,17 29:5 29:23,24 30:25 31:7,13,22 32:9,12,20 33:2,8,24 34:5 34:11 35:14,25 36:16 37:4,20 38:12 39:6,25 40:18 41:2,19 42:7,15,22 43:12,25 44:13 44:19 45:13,24 46:4 48:6 49:21 50:3,10 50:17,21,23 51:3,20 52:15 52:20 53:1,9 54:6,16 55:4 55:12,21 56:3 56:19,25 57:5 57:10,11,18 58:16,21 59:5 59:21 61:7,20 62:11 64:10 65:2 66:4,6,18 66:23,25 67:7 68:14 69:1 71:6 72:13,24 73:18 74:16,25 75:11,16,21 76:4 77:7,17 78:20 79:12 80:14 86:17 88:7,20,22 89:3,9,15,18 90:1,13 92:21 94:18 95:24	96:6,11,19 97:24 99:23 101:5,13 102:17,25 103:8 Barnhart's 65:5 based 60:3 65:4 71:2 74:5 76:15 84:11 100:23 basic 12:17 basis 13:1 Beach 1:1,11,13 1:16,18,23 2:4 2:4,11,14 3:9 5:10 6:21 7:1,5 67:8 91:17 93:14,16 104:3 105:4 106:4,20 bed 61:21 beds 60:20,21 behalf 1:4,9,14 2:2,8,13,19 3:2 3:7 5:17,19,22 5:24,25 6:3 behavior 90:15 believe 22:24 39:18 61:22 71:3 91:6 99:7 believed 72:21 73:9 believes 57:8 Berto 19:5 67:18 better 15:8 51:10 beyond 5:13 57:15,24 bicycle 92:16 BILLING 3:8 binder 78:2 bit 7:20 17:17 30:9 32:1 48:18 51:7 83:8 99:24 bite 92:14 blaming 73:16 blank 106:16	bled 11:8 bleed 11:24 13:5 13:21 40:9,20 102:2 bleeding 12:6,15 12:19 14:12 21:17 23:24 28:25 29:15 30:3 39:14 40:12 46:21,24 47:4,7 72:21 84:13,15,18 92:2,25 93:4,8 102:12 103:2 blood 29:16 30:4 41:7 47:16,16 83:11,13 Blostein 3:3,5 4:5 5:23,23 11:18 14:18 21:21 22:8 24:4,17 25:11 26:22 28:16 39:22 40:16 42:13 44:10 45:9 52:13 55:19 77:8,10 77:14 78:24 79:2,7,14,19 80:21 81:7,18 82:1,12,18 84:4,16 85:6 86:1,18,23 88:1,9,23 89:4 89:16 90:3 99:20 100:17 101:3 blue 87:22 blunt 92:11 board 10:9,16 10:16,17,19,21 11:1 13:8 76:11 97:6,9 97:12 99:17 boat 92:14 body 101:25 BONNER 2:15	Borrego 1:15 6:1 27:8,13,18 28:5,19,20 31:15,15 32:2 35:19 43:6 51:11,13 59:8 59:9 63:16,17 63:18 91:2 94:10,13 boss 59:9,10 bottom 59:2,6 60:6 106:16 Boulevard 2:4 brain 40:24 break 34:13 96:12 brief 34:8 96:15 briefly 9:6 78:2 bring 39:2,11 41:13 54:2 68:4 103:1 brought 19:20 bulk 71:23 business 102:11 buy 41:7 <hr/> C <hr/> C 3:11 18:20 C-section 13:2 93:1 c/o 106:2 call 9:2 13:8,14 13:20 14:10 16:2,16,20,23 18:7 19:15 24:20,21 25:23 27:7,12 28:20 28:21 31:15 32:3,4,7,15,24 33:12,14 37:11 38:1,2,7,13 42:9,17 48:11 59:7 80:11,25 81:5 83:21 84:23 85:23 called 17:10 19:13 26:13	27:3,14 31:15 41:21 42:6,8 42:24 63:15,20 87:22 Calling 85:8 calls 17:13,14 23:10 31:17 38:3 48:2 100:24 101:6,7 101:7,8 candidate 93:10 93:22 capsule 83:14 caption 59:22 capture 59:24 60:2 car 13:1 92:15 92:16 98:9 care 1:11 8:1,9 9:9 10:7,10,10 10:18,22 23:1 34:25 35:4 36:3,5,7,12,25 37:10,12,12 38:6,21 39:2 39:10 42:1,10 43:17 44:7 47:10,12,14,15 47:23,23 49:9 51:16,24 52:6 53:25 54:8 56:11 62:19,20 62:21 65:19 69:10 80:24 88:25 91:23 97:10,13 100:15 102:22 career 13:12 case 1:2 7:6 11:7 15:9,23 23:7 23:18,19 24:10 26:14,23 27:15 28:6,20,23 30:24 40:1,19 64:25 65:6,24 66:11,13,17,23 67:2,5,15
--	---	---	---	--

68:13 69:21,23 70:19 71:19 73:9,16 74:19 75:24 80:23 92:24 94:8,11 95:21 96:2 98:1,2 99:25 106:6 107:2 cases 98:1 categories 92:13 category 92:1,18 cause 49:5 106:8 caused 12:15 102:2 causes 11:10 18:17 caution 75:19 cells 41:7 83:17 84:10 Center 1:9,11,12 1:12 3:2 4:12 4:13 5:7 7:25 8:2 16:23 17:13 27:5,6 29:1 35:22 68:3 78:1,16 78:19 79:22 80:10 82:2 85:19 86:14 87:16 88:16 89:7,12 94:5 102:1 central 60:19 62:4 Century 12:4 certain 76:16 Certificate 4:6,7 104:1 105:1 certification 10:16,19 certified 10:9,16 10:17,21 11:2 13:8 76:11 97:6,9,13 99:17 certify 104:7 105:7,13	challenged 48:9 challenging 11:15,23 chance 8:14,20 8:23 9:1 change 55:6 107:4,4 CHANGES 107:1 chart 78:1 chief 26:2,5,5,7 28:24 33:21,22 34:2 35:7,21 36:11 37:14 38:18,24 42:9 42:19 44:20 45:19 94:23,25 95:7,11 childish 50:1 CHIMPOULIS 2:20 CIRCUIT 1:1,1 circumstance 98:5 circumstances 39:16 66:17 81:9 98:6 cited 74:19 75:24 citing 74:19 clear 30:17 41:14 64:19 65:20 86:11 clearly 15:25 20:2 31:18 Clerk 106:14 COCHRAN 3:8 code 87:22 COHEN 3:3 College 93:17 color 101:23 come 13:21 14:14 36:6 38:22 69:17 73:3 74:11 79:1 95:17 comes 12:7	53:20 comfortable 57:23,24 coming 7:18 55:22 comment 50:2 56:22 comments 9:7 Commission 104:24,25 common 12:9,19 complete 105:11 completely 62:3 62:10 complication 12:7,9 complications 18:17 compound 81:2 concerned 10:13 47:10 57:7 67:2 87:25 concerning 66:11,13,23 67:15 70:16,24 72:14 74:5,6 concluded 103:22 condition 23:25 40:21 conference 24:25 33:14 confusing 90:9 connect 80:13 connected 24:21 27:4 33:14 51:13 80:1 83:2,5 105:16 connecting 48:14 constitute 87:18 consult 24:25 26:15,19 34:25 35:4 36:3,5,13 36:25 37:12 38:21 39:2,10 42:1 43:18	44:7 53:25 63:2 71:18 98:15,16,19,20 98:24 99:16 consultation 4:13 13:17 consulted 76:3 consulting 14:9 99:16 consults 100:13 100:15 contact 27:16,17 85:16 contacted 23:12 83:21 continue 47:22 continued 100:25 contract 16:8 51:23 conversation 31:3 48:17 67:17,19 68:2 69:16 72:16 77:2 80:14 82:15,19 86:24 87:1,7,21 conversations 48:14 68:18,21 73:14 95:25 convey 87:2 copy 20:19 101:23 106:9 106:10 Coral 2:17 cord 101:24 correct 7:12 11:6 12:8 16:10,12 19:21 24:12 25:8,8 25:22 28:1,12 28:22 30:7,16 31:11 32:24 33:25 34:19 38:11 39:12 41:9,23 46:15 46:17 53:19	54:4 55:25 56:1 59:16 60:22 64:20,21 65:1,7,22 67:4 67:15,16,20,21 67:24 68:8 69:11 70:6,7 70:10,14,25 71:5,7,24 72:7 72:8,11,12,17 72:25 73:6,7 73:11,12 74:8 74:9,15,24 75:1,4,5 76:19 76:25 77:3,18 77:19 78:17,18 80:18,20 81:20 82:3,5,6,17,20 83:3,6,9,14,18 83:22,23 84:1 84:7,18,19,21 85:23,25 87:11 87:19 88:6,8 88:13 89:1,13 89:14 91:20,21 91:24,25 92:19 93:11,12 94:23 94:24 95:20,22 101:1,2 102:5 102:16 corrected 70:12 correctly 31:16 32:14 36:19,22 43:14 66:4 80:4 corridor 62:4 CORTINA 2:15 counsel 105:14 105:16 county 1:1 6:21 6:25 7:1 51:23 91:17 93:14,16 104:3 105:4 couple 30:22 49:13 66:25 89:20 91:4,5 course 40:8
--	---	---	---	---

68:20 100:6 court 1:1 6:5 48:3 106:14 covered 99:7 crash 13:5,6 92:13,14,16 98:9,9 credentialed 57:15 58:1 72:1,6 criteria 4:17 24:1 71:4 91:18 92:2 93:2,6,25 101:21 102:3 102:12,19,20 critical 8:1,9 9:9 10:7,10,10,18 34:25 35:4 36:3,5,12,25 37:10,11,12 38:6,21 39:2 39:10 42:1,10 43:17 44:7 47:10,12,14 51:16 53:25 54:8 97:10,13 100:15 criticize 14:24 cross 4:4,5,5 64:13 77:9 89:22 96:22 cure 29:18 30:5 41:8 currently 41:11	Davis 1:13 3:7 9:4 25:25 26:1 26:4,13 27:16 27:17 28:23 30:18 31:3,8 31:17,23 32:1 32:3,22 33:3 33:13 34:2,18 35:21 36:11 37:21,22,25 38:5 41:20,21 42:23 43:1,15 43:16 44:2,14 44:20 45:18 47:25,25 48:11 48:12,15,18,22 49:4,6,7,9,14 50:11,20 51:9 51:14,17 52:9 53:20 54:8,19 56:4,10 57:7 57:12 91:3 94:7,20,22 95:6,10,15 101:7 102:9,13 102:19 Davis' 8:20 34:21 56:15 day 5:2 16:9 94:13 102:7 104:9,13 105:19 106:7 days 16:11,16 21:23 22:10 40:5 dealt 63:4 death 11:8 39:15 41:3 52:3 debate 49:25 Deceased 1:3 Decedent 1:4 decided 95:18 96:6 decides 45:17 decision 44:15 44:16 84:20 declare 107:22	decline 95:14 Declined 27:22 defendant 2:8 2:19 3:2,7 66:16 69:23 Defendants 1:19 2:13 Defendants' 4:15 91:7,10 defense 85:14 deligature 30:3 40:20 46:23 47:7 70:5 delivered 18:23 delivering 68:7 delve 50:22 DENNEY 2:3 deny 61:1 depo 14:25 56:15 depose 67:5 deposed 66:14 deposition 1:20 5:5,8 8:15,21 17:19 44:23 56:5 63:22 65:8,11 66:1,4 66:14 103:16 103:20 105:8 106:8,13 depositions 56:23 78:11 deserves 14:8 details 45:2 developed 48:20 diagnosis 18:10 18:13 46:19 55:23 70:3,4 dictated 34:18 die 40:10 difference 47:11 different 11:10 49:19 60:3 101:6,24 differential 46:19 DIMITER 1:17	direct 4:4 6:16 24:21 discuss 33:18 59:8 63:16 77:17 discussed 23:7 24:24 67:23 78:7 86:13 discusses 9:4 discussing 24:1 30:24 59:12 discussion 24:23 28:19 100:19 discussions 70:15 100:18 diseases 18:18 distance 62:13 distribution 106:11 divided 62:4 doctor 6:18 11:2 11:3 15:5 21:12 26:8 38:19 39:1 41:25 42:1 46:16 63:7 76:16 77:13 80:8 81:13,14 82:15,20 85:16 88:6,24 89:1 96:5 98:22 doctor-to-doct... 24:25 98:18 doctors 10:10 88:15 document 91:13 107:22 documents 20:12 91:5 doing 52:2,4 88:16 Donald 2:10 106:3 door 76:10 97:15 doubt 81:22 84:15 85:3	Dr 5:5,20,22 6:1 6:3 8:15,20 9:4 9:8 12:25 16:15 19:5,8,8 19:9,18 21:6 22:15 23:14,17 23:19 24:20,21 24:21 25:3,20 25:24,25 26:1 26:4,13,14,16 27:4,8,13,16 27:17,18,23 28:5,19,19,20 28:20,23,24 30:9,18 31:3,3 31:8,15,15,17 31:23 32:1,2,3 32:3,15,22 33:3,13,14,21 33:22 34:2,12 34:18,21,22 35:10,17,19,21 36:3,9,10,11 37:21,22,25 38:1,5 41:20 41:21 43:1,6 43:13,14,15,16 43:20 44:2,3,5 44:6,14,20 45:18 46:5,5,7 46:13,14 47:25 47:25 48:1,15 48:15,17,18,22 48:24,24,25 49:1,4,6,7,9,14 50:11,13 51:8 51:11,17 52:9 52:22 53:20 54:8,19 56:4,7 56:10,15 57:12 58:24 59:7,8,9 59:13 60:23 61:3 62:16 63:9,10,15,16 63:17,18,19,21 63:22,24 64:12 64:16,17 65:8
--	--	---	--	---

65:10 66:1 67:14,17,22,24 68:3,6,10 69:9 69:16,17,17,22 70:1,9,12,16 70:18 71:25 72:6,9,14,15 72:16,17,19,20 72:22,23 73:2 73:3,5,8,9,10 73:11,16 74:4 74:10,12,23 75:3,6 76:3,19 76:21 77:1,2 79:13,15,24 80:1,24 81:4 81:25 82:24 83:3,5,8,16 84:17 85:10,12 85:14,15,22 86:4,13,13,25 86:25 87:2,7 89:1,5,11,24 90:2,12 91:2,3 91:13 94:7,10 94:13 95:6,10 95:15 96:20,24 98:16,17 99:15 99:24 100:1,7 100:12,14,19 100:20,21,24 101:7,7,8,8,9 101:17 102:9 102:13,19 dragged 69:21 draw 62:6,7 drove 12:25 due 26:15 73:23 duly 6:14 104:9 duties 99:15 dying 58:2 DYLAN 1:6	early 12:14 60:3 easily 70:11 Edmundo 1:3,5 5:6 education 7:20 effect 98:10 effort 87:1,6 88:10 efforts 85:15 Eight 7:24 either 93:8,8 98:9 El-Haddad 1:16 1:20 2:8 4:3 5:5,20 6:13,20 7:7 16:15 19:9 19:18 23:17,19 24:21 25:3,20 26:16 27:23 34:12 38:1 48:1,24,25 49:10 50:13 56:7 59:7 63:15 64:12,16 79:13,15,24 83:3 85:15 90:2,12 91:13 96:20 104:8 105:9 106:2,25 107:3,25 elevated 18:15 else's 57:1 emergency 13:1 13:2 44:24 employed 7:4,10 employee 7:8 105:14,15 employees 1:10 1:15 employment 8:1 EMTALA 39:19 87:12,19,23 ended 25:23 70:5 ENTER 107:1 entered 60:3 entertaining	8:21 entitled 75:22 86:18,21 enzymes 18:15 Erica 17:2,4,4,7 17:9 48:12,16 48:22 49:5,6,8 51:8,11,12 79:15,22,25 80:8 81:1 82:25 Errata 4:8 106:10 107:1 ESQ 2:5,6,12,18 2:23 3:5,11 Esquire 106:2 essence 40:7 essentially 11:8 21:11 25:3 34:18 91:19 establish 74:22 established 57:6 Estate 1:3,4 et 5:7 evaluate 35:5 36:13 37:1 38:22 39:3 41:14 43:18,22 45:21 54:11,24 evaluated 41:11 evening 18:8 43:4 event 92:6 94:14 Events 4:14 59:23 60:1 everybody 37:15 91:9 evidence 14:1 21:20 36:15 42:5 45:12 54:14 55:2 exactly 16:21 exam 13:9 examination 4:4 4:4,5,5,6 6:16 64:13 77:9 89:22 96:18,23	examined 6:14 example 87:9 execute 106:10 exhibit 17:19,20 17:22,24 20:7 20:11 48:4,8,8 59:1,3,18,19 59:22 60:1 91:7,10 99:4 EXHIBITS 4:9 4:15 expectation 44:7 54:1 expected 41:24 43:21 experience 72:9 expert 14:23 15:17 64:20 74:8 97:1 expertise 57:1 experts 15:9 Expires 104:25 explain 47:11 92:10 explained 43:16 71:6 explains 48:16 48:18,20 explore 8:19 33:11 expressly 15:23	20:17 Family 5:18 far 10:12 41:20 43:1,5 47:10 57:7 62:12 65:16,19 67:17 67:23 71:25 72:1,5,9,19,22 73:2,5,8,10 74:4,10,12,13 75:6,13 78:7 87:25 father 52:1 feel 48:25 50:6 fellow 22:14 fellowship 7:25 FF 104:24 fgb@searcyla... 2:6 FIFTEENTH 1:1 File 4:14 filed 106:14 Filippone 17:4,5 17:6,9 48:12 79:13,16 final 33:19,20 34:14,17,17,21 35:10,10 36:1 37:15,16 38:15 43:16 44:4 financially 105:17 find 22:5 40:1 finish 76:10 96:21 finished 15:21 firm 67:8 first 6:14 8:1 16:18 18:3,4 35:9 48:13,14 48:23 78:16 82:25 91:5 92:8 96:22 firsthand 67:19 94:19 96:1 fit 92:1
---	---	---	--	--

five 7:15 14:13 88:6	55:7,11,16,19 56:2,12,13 57:17,20,21 58:14,20 61:4 64:22 65:2 66:19 68:1,14 69:12 71:16 72:24 73:20 74:16 75:11,15 75:16 80:19 81:2,11,21 82:16 84:2,14 84:22 85:11,24 87:20 88:7,19 89:2,3,9 90:10 92:20,21 93:23 95:2 97:23 99:19,20 101:3 101:11 102:15 102:23 103:4,5 103:6	Gardens 2:11 106:4 general 1:11,15 1:17 2:14 7:19 8:7 10:11,17 10:20,21 11:2 11:16,23 12:13 12:22 13:7,9 14:12 21:11,16 22:2,6,14 23:19 24:2,10 24:14 25:6,9 25:10,16,17 28:6,10,11,21 30:9,12,13 32:3,23 39:7 42:17,18 45:6 45:14,15,25 47:1,6 49:4,7,8 52:10,21 53:11 53:14 54:9,20 58:12,17 71:10 71:12,13,17,19 71:23 73:14 76:12 83:21 85:8 96:24 97:4,7,13,20 98:17 99:11,14 99:17 100:14	37:6 39:1 43:6 43:8,17 46:19 47:18 49:3 50:4 51:7 55:9 56:24 57:5,15 57:25 59:24 62:14 63:3 76:9,10 78:6 85:2 90:24 92:16 98:16 101:4 Goad 1:10 2:13 5:22 22:15,15 30:9 64:17 67:14,24 69:17 69:17 71:25 72:6,15,16,20 72:23 73:3,8 73:10 74:4,10 74:12,23 75:6 76:3 77:2 85:12 86:13 87:2 96:24 98:17 99:15 100:21 Goad's 65:8 67:17 72:9 75:3 goes 12:13 83:16 going 7:14 15:1 15:17,18 17:18 20:7 23:10 25:21 30:5,19 31:9,19 32:16 32:23,24 34:6 34:9,12 36:6 37:16 39:8,9 41:7,8 48:16 48:18 49:4,13 52:11,17,22 53:11,14,17 54:2,10,21 55:24 57:24 60:7 62:14 64:18 78:6 79:25 80:12 81:10,12,16,22	90:21 95:15,18 96:13,16,22 98:16 103:18 Goldman 2:23 6:2,2 14:3,19 32:19 103:13 good 9:22 10:5 64:15 Google 90:22 gotten 30:3,4,4 Greg 5:16 73:23 Greg's 75:25 GREGORY 2:5 ground 64:3 group 7:13 20:12 51:12 62:22 67:12 guard 84:25 guess 21:6 26:5 27:11 30:8 44:12 48:7 64:15 84:8 99:5 gunshot 82:8 92:15 guys 71:1 79:1 103:10
form 4:12 11:17 11:18,25 13:24 13:25 14:3,17 14:18,19 18:5 20:4 21:19,21 22:7 24:4,5,6,7 24:16 25:11,12 26:20,21,22 28:2,13,15,16 29:4,20 30:20 31:5,12,21 32:18,19,25 33:6,23 35:12 35:23 36:14 37:2,18 38:10 39:5,17,22 40:16 41:1,15 41:16 42:4,12 42:13,20 43:10 43:23 44:9,10 44:11,17 45:8 45:9,11,22 46:2 49:16,17 49:23 50:7,14 50:16,24 51:18 52:12,14,19,24 52:25 54:5,12 54:14,25 55:1	formulated 33:20 Fort 3:5 forth 22:20 Forum 1:23 3:8 5:9 106:19 forward 19:22 49:3 forwarded 106:14 found 21:23 44:23 69:15 106:11 four 18:3 83:17 84:10 88:6 FPR 1:25 104:22 105:25 106:18 friends 23:2 front 58:2 further 27:8 33:18 77:6 105:13	getting 28:25 29:16,17,17 80:25 87:10 102:21 girl 52:6 give 6:8 10:3 20:20 29:14 87:17 90:19 gives 36:24 37:15 giving 35:8 41:6 glanced 78:2 Glisson's 83:14 glove 47:19 go 11:24 14:5 17:17 18:2 19:22 20:6,15 23:11 36:10	G G-O-A-D 22:15 Gables 2:17	H Hailey 2:23 6:2 103:12 half 40:2,14 hallway 60:19 hand 6:6 47:18 47:18,18 77:11 78:22 79:2,5 91:5,6 handed 78:9 handle 12:15 handling 72:10 hang 86:5 happen 8:14 37:17,19 40:1 95:21 happened 15:14 21:16 26:18 27:3 43:3

65:20 happening 22:12 85:1 happens 37:6,7 58:2 95:17 99:14 hard 89:7 head 10:25 18:9 18:24 25:14 27:18 51:11 101:23 heading 88:24 healthy 40:14 hear 16:19 74:17 heard 40:6 66:4 73:13,15 hearsay 73:19 Hecht 2:6 5:17 61:19 held 5:8 helicopter 92:14 HELLP 18:13 18:14,19 46:20 48:21 70:1 93:9 help 51:15 79:23 84:1,7,18,20 85:3,4 100:4 helped 100:12 Hemolytic 18:15 hemorrhaging 29:16 45:5 Henderson 2:19 6:3 28:20 32:3 32:15 33:22 52:22 85:10,14 101:8 Henderson's 35:17 65:10 HERNANDEZ 2:15 hey 21:16 42:24 79:24 82:24 hgoldman@c... 2:23 Hi 79:25	high 98:19 highest 13:17 80:13 highlighted 20:24 21:7 hit 92:16 hold 9:18 11:1 69:1 82:11 holding 74:8 hospital 13:1 14:14 19:1 21:14 22:3,24 30:15 37:11 39:15,21 40:15 41:11,18 45:19 61:11,13,14,16 62:18,22 68:23 68:23,24 73:13 73:15,15 74:14 85:13 99:12 100:9 101:16 101:17 103:2 hospitalist 46:8 46:9 62:21 99:25 100:8 hospitals 91:23 95:14 hours 16:9 40:2 40:14 88:6,17 89:6 Hristov 1:17 8:15 9:8 63:21 63:22 hung 85:22 86:7 HUNTER 2:20 hypertension 18:17 hypothetical 14:2	ICU-B 62:10,14 62:15 idea 19:19 29:11 Identification 17:21,25 48:5 59:4,20 91:11 immediate 80:17 immediately 83:20 important 13:15 61:23 92:3,4 importantly 94:1 improper 10:1 14:1 inaccurate 37:13 inappropriate 15:25 76:7 inciting 92:6 including 38:19 incorrect 70:3,4 indecorous 90:15,18 independent 68:20 independently 1:15,17 INDEX 4:1 individually 1:9 1:14 information 24:18 64:1 70:24 71:2 74:6 76:16,18 76:20 80:22 84:12 informed 71:3 72:19,20 initial 18:7 92:6 initially 95:14 injured 94:3 injuries 47:21 injury 92:4,12 92:22 98:2 instruction	78:25 intensive 23:1 47:15,23 62:19 62:20,21 intensivist 46:7 46:10 inter-facility 4:16 91:18 94:1 101:21 interested 105:17 interesting 56:17,20 interfere 10:4 15:1,3 intervene 56:9 56:11 invoke 38:6 involved 26:24 28:23,24 29:1 29:2,2 32:8 73:16 76:2,22 76:23 84:24 involvement 15:5,10,15 22:11 64:25 65:5 involves 53:21 involving 93:9 Island 2:21 issue 27:21,24 items 100:17	79:1 86:16 94:20,22 Jeffrey 1:13 3:5 48:12 JFK 22:24 job 52:2,4,5 John 3:11 5:25 89:19,24 91:1 Join 11:19 12:1 21:22 22:8,9 24:17 25:13 28:14 50:8 52:13 99:21,22 JUDICIAL 1:1 Julie 27:12 JUSTIN 1:10
				K
				keep 17:14 47:22 69:3 Keith 2:9,12 5:19 78:25 79:3 106:2,3 key 59:24 60:3 kind 13:6 46:16 knew 23:4,5 26:23 31:8,9 31:23 45:1,4,4 45:5,6 46:14 54:20 68:25 69:9 74:12,23 82:7 83:24 84:5 93:5 102:8,18,19 know 8:13,17 9:15,22,22 11:7,10 12:22 15:13 16:14,20 17:1,12 19:24 20:14 22:11,15 22:17,22 24:2 24:13 25:17,19 26:1 30:8,8,23 31:16 37:22 38:15,18,24 39:7,8,9 40:5 40:19 43:1,6

43:14 46:5	Lakes 2:4	little 7:20 17:17	81:25 82:24	20:8,12 21:13
49:14 50:11,19	Lauderdale 3:5	30:9 32:1 51:7	83:5,8,16	21:18 22:3,6
50:21 51:4,12	law 2:9 67:8	59:2 83:8	84:17 85:22	25:17 28:11
51:14,15 56:23	106:3	99:24	86:4,13,25,25	29:1,13 30:13
57:13 61:12,21	lawful 1:4	live 6:23,25	87:7 89:1,5,11	32:22 33:5
63:24 66:11	lawyer 9:22	lived 14:13	89:24 98:16	34:23 35:22
67:7,11 68:10	lawyers 98:12	liver 11:12,22	100:19,20,24	36:2 37:10
68:16,18,22	lays 91:22	14:11 18:15,20	101:7,8,9,17	40:4 41:13
70:4 71:10	lazy 49:10 50:6	21:2 46:20	Lopez' 26:14	43:22 45:19
74:1,13,23,24	50:13	47:3 48:22	35:10 43:13	53:14 58:18
75:3,18 76:18	lead 40:21,24	70:2 72:6	44:5 66:1	60:18 61:14
76:20 80:24	41:3 73:22	83:12,13 92:2	67:22 70:1	64:4 68:4,13
81:4,5,8,9,13	leading 88:17	92:25	Lorenzo 2:16	83:21 85:14
81:19 86:20	leads 92:7	livers 13:23	loudly 53:8	91:2 94:5,23
88:24 90:21	learn 12:15	32:17 49:9	low 18:16	99:3,12 100:25
95:15 96:4	learned 21:15	72:10,10	lunch 60:7	101:10,16,16
97:12 100:11	learning 69:20	LLC 2:14	LYLES 3:8	101:20
100:22,23	69:20 84:9	load 41:12	LYNN 2:20	master 10:22
102:9	leave 85:2 97:15	logistically 62:2		matter 5:6 38:4
knowing 33:3	leaves 13:3	logs 100:24	M	58:3 77:17,22
54:19	left 15:8 60:3	long 40:14	M 1:20 4:3 6:13	78:12 81:12
knowledge	66:7 89:5	look 8:23 9:1	104:8 105:9	91:3
65:21 67:13,19	let's 11:22 18:2	20:22 42:8	106:2,25 107:3	MAURO 3:8
67:20 72:3,5	19:22 20:6	52:3 78:3	107:25	mean 36:6,23
72:11,23 73:4	21:6 36:10	looked 8:13	M.D 1:10,15,16	37:5,21 58:7
73:10 74:2,12	50:4 57:5	looking 60:1	1:17,20 2:8,14	83:5 100:4
75:9 86:12	96:12 97:1	87:15	3:7 4:3 6:13	102:8,13
87:25 88:15,18	letter 4:7 106:16	looks 22:1 78:15	104:8 105:9	meaning 18:22
94:19 96:1	letting 79:18	Lopez 12:25	106:2,25 107:3	40:9 92:13
97:19,20	level 13:17	19:5,5,8 21:6	107:25	meant 49:14
knows 32:22	80:13 98:19	23:14 24:20,21	making 55:15	mechanism
52:9,16,21	liaison 95:3	25:24 27:4	86:25	23:23,24 85:4
54:1	life 57:16 58:5	28:19,24 31:3	managing 47:14	85:7 92:3,8,9
kpuya@puyal...	lifer 8:3	33:14,21 34:22	47:15,16 63:4	92:22
2:12 106:5	ligature 11:13	36:3,9,10	Manuel 3:12	mechanisms
Kumar 46:5,5,7	limited 65:6	43:14,20 44:3	5:11	85:18
46:13,14 58:24	67:22 70:24	44:6 48:15,17	mark 17:18 48:7	medical 1:9,12
59:13 60:23	71:2,22	48:24 49:1	91:6	1:12 3:2 4:11
61:3 62:16	line 15:2,24	51:8 63:9	marked 17:20	4:13 5:7 7:23
63:10,19,24	18:20 36:12	67:18 68:3,6	17:24 48:4	8:1 23:25 26:2
99:24 100:1,7	48:23 51:8,9	68:10 69:9,16	59:3,19 91:10	26:7 28:24
100:14	69:4,6 85:13	69:22 70:9,12	marks 103:19	35:7,21,22
Kumar's 100:12	107:4	70:16,18 72:14	Martin 6:25	36:11 37:14
	lines 49:13	72:17,19,22	Mary's 1:12,12	38:18,24 40:10
L	listed 106:16	73:2,5,9,11,16	4:11,13 6:1 8:1	42:9,19 44:20
L 3:5	liters 83:17	76:19,21 77:1	8:3 11:3 13:23	45:1,19 58:7
lady 19:19 40:12	84:10	80:1,24 81:4	16:2,8 19:20	65:13 77:25

86:14 87:16 88:16 89:7,12 94:4,5,23,25 95:7,11 97:19 medically 63:4 medicine 12:4 40:7 44:24 55:14 meet 23:25 77:20,20 93:1 93:6,25 98:12 102:3,18,19 meeting 102:12 meetings 68:23 Memorial 7:24 mentioned 69:15 mere 81:3 met 22:25 66:5,9 66:17,25 71:4 77:17 97:25 98:5 Mexico 13:11 Miami 7:22 22:23 mind 14:21 30:17 55:6 mine 9:3 minor 1:5,6 minute 70:23 75:21 90:13 minutes 14:12 14:14 29:14 70:22 misadventure 92:19 mischaracteri... 14:1 21:20 36:15 42:5 45:12 54:14 55:2 misdiagnosed 92:25 morning 29:14 63:17 mother 21:17 31:19 32:23,24	33:4 36:2 38:9 39:14 43:21 52:1 54:22 81:16 102:12 103:2 motion 74:18 move 39:23 68:15 69:2 87:24 90:14 Mukesh 19:8 <hr/> N name 5:11 6:19 7:6 17:1 22:15 23:5 64:16 89:1,24 91:1 106:16 nature 71:15 necessarily 57:22 need 13:21 38:8 69:3 94:3 needed 83:25 84:6 85:3,5 never 20:14 41:21 67:14 77:16 new 13:11 49:11 50:13 night 59:15,17 62:19 nods 10:25 18:9 18:24 25:14 nonresponsive 39:24 nontrauma 95:7 normally 79:5 Notary 104:23 notch 79:11 note 49:22 58:25 92:3 noted 41:20 notes 34:21 53:25 105:12 notice 106:7 number 4:11,16 21:7 45:5 48:1	60:20,20 101:6 101:7,8 numbers 60:16 63:23 numerically 48:9 nurse 16:25 22:1 22:1 31:3,16 32:14 33:13 34:20 36:24 38:20 43:14 50:12,12 nurse's 44:5 nurses 11:12 29:6 38:20 39:1 44:4 88:15 nursing 43:20 <hr/> O oath 4:6 56:5 104:1 OB/GYN 81:13 81:14 object 9:19 13:25 14:17 28:2 30:20 31:5,12,21 32:18 33:6,23 35:12,23 36:14 37:2,18 38:10 39:5,17,22 42:4,12,20 43:10,23 44:9 44:17 45:22 46:2 50:14 51:18 52:12,14 52:19,24 54:5 55:11 56:2,12 58:20 68:14 72:24 73:20 75:16 88:7 89:3 92:21 101:11 102:15 102:23 103:5 objected 75:24 objecting 69:3	objection 10:4 15:2 21:19 26:21 45:8 49:16,18,23 50:23,25 54:13 55:1 69:1,4,6 74:16,25 75:11 86:17 88:22 89:9,15 obligation 42:2 42:18 45:18 93:24 102:20 obligations 51:24 84:23 99:15 obstetrician 14:10 68:7 81:4 obstetricians 80:2 occasion 13:15 Occasionally 71:17 94:12 occasions 67:1 occurred 92:4 officer 26:2,7 28:24 35:7,22 36:11 37:15 38:18,25 42:9 42:19 44:21 45:20 94:23 95:1,7,11 offices 2:9 106:3 okay 7:2 9:11 27:7 33:10 49:21 51:11 57:25 61:18 63:1,6,12 on-call 13:21 21:11,16 22:2 22:5,14 41:25 63:21,21 93:20 99:11,14 101:15 once 35:3 36:12 36:25 38:20 44:6 66:10	open 76:10 78:13 opened 89:11 operate 41:10 46:14 operations 12:15 opine 15:16 opinion 9:24 74:15,17 76:11 93:13,14,17 98:24 opinions 87:17 opposite 62:3,10 order 36:24 43:2 43:5,8 47:22 73:17 96:2 ordered 38:2 41:22 46:18 95:6,10 106:9 ordering 54:23 106:14 orders 34:21 35:8 organ 40:21 original 106:13 ovarian 11:13 40:20 46:23 47:7 <hr/> P P.A 1:15,16,17 2:3,9,15,20 3:3 5:20 7:7,8,10 p.m 1:22 96:14 96:17 103:19 103:22 packed 46:21 83:17 84:10 packet 77:12 78:9 page 4:2,11,16 18:3,4 19:22 19:23 20:18 21:4,5 23:11 31:25 32:2 33:17 34:13
--	--	---	--	--

48:13,23 56:6 65:15 77:25 78:12 82:25 92:7 99:5,5 107:4 pages 18:3 82:23 91:19 105:9 Palm 1:1,11,13 1:16,18,23 2:4 2:4,11,14 3:9 5:9 6:21 7:1,5 67:8 91:17 93:14,16 104:3 105:4 106:4,20 paragraph 21:8 part 10:15,19 11:5 20:24 21:6 31:14 34:14 48:17 53:24 58:7,10 63:3 71:10,14 71:22 99:2 particular 78:3 90:22 100:22 particularly 7:18 12:12 parties 105:15 106:12 parties' 105:16 partner 1:16,17 94:11 partner's 8:14 partners 1:14 38:8 100:11 parts 101:24 patient 12:23 14:8,15 16:19 17:23 19:14 20:8,13 23:18 23:23 25:3,21 26:9,14 27:15 27:22,25 28:25 29:9,11 30:19 30:23 32:16 34:22 35:1 36:3 38:2 39:19,20 41:22	41:25 42:11,11 42:24 43:6,9 44:8 46:19 48:19 52:11,17 52:23 53:12,15 53:18,21 54:21 54:24 56:11 59:10,12 67:3 68:4 69:18 70:1,25 71:4 72:20 73:4 74:5,6,11 76:3 76:13 80:2,25 81:10,12 82:4 82:7,9,14 83:9 83:24 84:12,18 85:3 87:10,23 87:24 88:3,11 88:11 89:6,11 92:11 93:21 95:8,12,16,19 98:23 99:4,16 101:9,17 102:4 patient's 88:25 patients 47:21 51:25 56:8 84:6 91:22 94:2 98:9 100:1,9,12 pause 34:3 pedestrian 92:15 penalties 107:22 penetrating 92:12 Pentagon 84:25 85:2 people 38:19 52:5 57:23 100:8,25 Perez 1:3,3,4,5,5 1:6 5:6,18 11:8 31:10 43:21 48:21 54:11 61:6,8 69:11 76:23 93:10 96:2,6 102:11	106:6 107:2 Perez' 68:6 performance 47:13 perjury 107:22 person 17:10 98:25 personal 1:3 67:20 72:23 86:12 88:18 98:2 personally 7:7 104:8 Phipps 1:22 106:19 phone 13:14,19 14:10 16:20 31:17 32:7 38:3,13 42:2 42:16,23 43:15 44:4 68:2 82:15 physician 10:20 13:14,20 14:9 18:25 19:4 21:5 38:20 43:8 44:21 50:12 54:23 62:23 68:7 80:13 82:4 98:2 99:16 physician-to-p... 13:14,19 24:23 98:19 physicians 7:15 9:10 10:8 11:11 19:7 26:6 95:4 pick 42:2 82:14 picked 42:16,23 Pine 2:21 place 1:23 3:8 5:9 13:20 15:11 38:13 85:4 87:18 106:19 placed 32:15	placing 17:13 Plaintiff 1:7 2:2 Plaintiff's 4:9 17:20,24 48:4 59:1,3,19 plan 36:1,1 38:1 38:16 44:4 53:21,24 plane 92:13 98:9 plans 33:19,20 34:15,17,17,21 35:10,10 37:15 37:16 43:17 Plantation 2:22 platelets 18:16 played 94:20 please 5:14 6:6 6:19 7:21 79:6 106:7,10,15 point 13:4 19:18 21:25 24:13 25:2,18 29:9 29:15 31:8 37:22 38:15,25 39:7 43:19 46:14 52:9,21 60:24 77:21 80:5,12,23 83:18,25 85:17 87:1,5,7 poor 52:6 portion 39:23 posed 94:18 96:5 position 44:5,5 50:5 87:17 possible 21:2 possibly 70:2 post 52:2 postoperatively 72:22 Postpartum 18:22 potentially 39:15 practice 6:24,25 40:6 71:9,12	71:13,14,22,23 Precision 78:10 predicate 40:16 49:4 69:12 95:2 pregnancy 18:17 presence 81:23 PRESENT 3:12 pressors 47:16 pressure 47:16 pretty 12:9 print 91:8 printed 102:7 prior 66:5,22 77:16 80:22,25 private 16:13 privileged 68:20 privileges 22:25 32:17 63:9,10 68:12,25 69:9 74:14 75:3 probably 22:10 71:18 problem 45:15 75:23 procedures 37:22 72:7 proceedings 4:1 103:21 process 11:15,23 products 47:17 profession 7:2 Professional 105:7 professionally 8:4 prohibits 15:24 proper 9:20 provided 76:15 76:19,20 Public 104:23 put 19:19 59:2 92:5 Puya 2:9,12 5:19 5:19 9:13,18 13:24 14:20
---	--	---	---	---

15:8,13 17:2 20:4,19,22 24:7 26:20 28:13 29:4,20 32:5,25 41:1 41:15 49:17,22 50:7,16,19,22 50:25 52:25 53:7 54:25 55:7,16,18,20 56:13,18,21 57:3,6,17 61:4 62:7 64:22 66:19 68:1,19 68:21 69:12 71:16 73:21,25 74:18 75:15,19 75:23 76:9 78:22 79:1,5,9 79:17 80:19 81:2,11,21 82:11,16 84:2 84:14,22 85:11 86:15,20 87:20 88:19 89:2 90:6,18,21 92:20 93:23 95:2,25 96:4 99:19 103:6,10 103:12,15 106:2,3	questions 14:22 64:18 65:5 70:20 72:14 77:6,15 86:21 89:21 91:4 94:18 96:5,9 96:20 103:14 quick 96:12 <hr/> R R.N 48:12 radiographic 65:23 raise 6:6 RAMSEY 3:8 range 60:10 Raymond 2:19 6:3 reach 87:2,8 100:20,25 reached 80:10 82:2 reaching 78:16 80:8 83:25 84:5,17 85:17 read 4:7 8:14,20 32:10 36:19,22 56:15 80:4 86:2,3 103:15 106:10,13 107:22 ready 79:20 really 14:23 15:4,15,16 26:5 50:18 61:23 64:24 65:21 68:11 74:14,23 75:18 78:3 reason 18:10 20:6 21:1,10 22:1 51:4 81:23,24 84:6 99:6,10 101:14 102:3 107:4 reasonable 106:13	recall 60:18 69:18 94:15 receive 38:3 received 16:20 19:15 27:12 recess 34:8 96:15 reckless 54:7,19 recollection 19:15 26:12 recommended 22:6 99:11 recommends 21:13 22:2 record 5:2,15 15:22 34:7,10 96:14,17 103:19 105:11 recorded 48:3 48:23 recording 17:14 29:6 records 8:24,25 63:13 65:14 87:15 94:4 97:19 99:3 red 41:7 Redirect 4:6 96:18 reference 87:12 refusal 26:15 refused 26:18,18 45:7 regard 87:17 regarding 27:21 38:4 61:5 68:3 69:19 70:19 82:4 Regional 1:9 3:2 5:7,24 12:23 19:2,3 72:1 77:15,25 86:14 87:9,16 88:16 88:25 89:7,12 106:6 107:2 Registered 105:6	relates 74:4 relation 68:13 69:10 relative 105:14 105:15 release 39:20 remember 59:12 60:23 61:2,8 65:17 66:20 67:6 78:4 100:3 remembering 71:20 rendered 69:10 rendition 26:17 27:2 repeat 38:23 78:8 report 105:8 Reported 1:24 reporter 4:7 6:5 17:21,25 48:3 48:5 59:4,20 91:11 105:1,7 Reporting 1:22 106:19 Reports 4:13 represent 29:12 64:17 77:14 89:25 91:1,2,2 98:12 Representative 1:3 represented 67:12 98:8 representing 5:12 represents 96:23 100:17 Reprographics 5:13 request 23:14 26:14 99:10 requested 19:11 25:24 105:10 require 25:4,6 56:21	requires 23:19 24:10 respect 73:24 response 80:7 80:17,17 responsibility 73:17 responsible 52:3 return 106:16 returned 106:11 review 77:24 105:10 reviewed 65:8 65:10,13,23 66:1 94:4 right 6:6,18 8:6 15:12 19:17 23:10,15 25:10 26:4,8 27:6 29:18 30:8 31:8 32:9,21 33:12,22 35:8 37:23 39:11 44:15,16 45:2 45:15 50:24 51:17,19 53:2 53:12,22 55:23 60:6 62:5,8 63:2,20 64:10 64:11 77:13 84:6 86:2 88:2 88:3,4,12 101:18 102:6 102:14 rightly 52:10 Road 2:10,21 106:3 Robert 1:15 6:1 role 64:19 94:20 94:25 95:3 room 51:25 60:16 61:25 rooms 60:3,16 Ross 2:10 106:3 RPR 1:25 104:22 105:25 106:18
--	--	---	---	---

rumors 68:24 73:19	SEARCY 2:3	39:3,11 40:10	5:21 11:17,25	speculation 51:1
rupture 11:12	seated 66:7	43:18 78:10	13:25 14:17	55:7,18
11:22 14:11	second 9:18	94:3	15:22 21:19	speculative
18:20 21:2	14:21 34:4	Seven 16:11	22:7 24:6,16	75:10
46:20 47:3	63:21 85:13	Shandell 1:25	25:12 28:15	spell 90:23
83:14	secret 79:7	104:22 105:6	44:9 45:11	spinal 101:24
ruptured 48:21	see 14:14 18:11	105:25 106:18	52:14 54:13	spoke 23:16
70:2	20:24 21:7,7	shape 90:9	57:20 64:14,16	67:14 70:22
Ryder 7:25	25:21 26:9,18	shark 92:14	64:23 65:3	spoken 59:6
	26:19 27:8,9	sheet 4:8 99:5	66:21 68:5,17	63:14 66:22
	27:22,25 30:19	106:10 107:1	69:5,8,14	77:1 94:7,10
S	31:10,19 32:16	SHIPLEY 2:3	71:21 73:1,22	spouse 1:5
S 2:6	32:23,24 33:14	shot 81:16,23	74:3,21 75:2	Ssolomon@fal...
S.E 3:4	35:1,6 36:17	show 20:7 48:7	75:12 76:1,14	2:18
S/W 23:16	38:2,8 39:8,9	58:25 60:13	77:5 86:11	St 1:12,12 4:11
safer 41:10,17	41:22,25 42:10	83:13	96:23 97:23	4:13 6:1 8:1,3
San 2:16	42:24 43:6,8	side 60:19,20	99:21 103:4,11	11:3 13:23
Santiago 3:12	44:8 45:7	sign 4:7 106:13	somebody 9:25	16:2,8 19:20
5:11	46:18 52:11,17	106:15	16:9 21:25	20:8,12 21:13
Saunders 15:23	52:22 53:11,15	signature 106:8	38:7 40:9,10	21:18 22:3,6
save 57:15 58:5	53:17 54:2,3	106:15,22	40:15 46:1	25:17 28:11
saw 76:12 79:2	54:10,21,23	Signed 104:13	54:3,11 56:22	29:1,13 30:13
86:5	59:8,10 74:20	significant	57:1,4 58:1	32:22 33:5
saying 27:17	78:23 79:10,18	62:13	78:23 87:10	34:23 35:22
32:2 46:13	82:24 86:4,6	similar 13:10	100:5 102:21	36:2 37:10
50:5 54:9	87:10 95:7,11	24:24	son 1:6 51:25	40:4 41:13
says 13:20 14:11	seeing 61:8	simply 13:22	sorry 17:9 90:24	43:22 45:19
18:4,19 19:10	seen 20:14 42:11	39:9	sort 17:14 26:4	53:14 58:18
21:1,5,10	61:25 91:9,13	single 77:24	47:18 60:19	60:18 61:14
23:12,16 24:20	send 39:19	sir 6:19,22	sound 84:11	64:4 68:4,13
25:20 26:5,13	sending 18:25	sit 88:14	South 2:21 7:23	83:21 85:14
27:11 32:15	19:4	situation 37:21	speak 25:24	91:2 94:5,23
33:19 34:14	sensitive 79:9	93:8,9	26:15 49:2	99:3,12 100:25
35:3 36:12,18	sentence 80:12	six 40:2,2,14	53:7 61:3	101:10,16,16
43:16 44:14	separate 62:3	88:6	63:18,19,24	101:20
48:22 49:5,5,6	series 72:14	skills 45:21	70:18 77:20	stab 92:15
49:6,7,9 51:8	Seriously 73:18	46:11 54:23	80:3 81:8 82:5	stabilize 88:3,11
51:10,11,12,13	servants 1:10,15	102:22	94:13	89:8
51:14 59:6	service 13:23	skip 99:24	speaking 60:23	stable 87:23
63:14,20 79:25	16:7 27:3	SMH 22:3	79:23 94:15	staff 88:15
82:24 83:12	30:18 31:9,18	SMMC 34:22	specialist 97:10	standard 12:17
99:6,10	31:19 43:2,22	snark 90:17	specialty 19:11	57:14
SCAROLA 2:3	53:17 54:21	snarky 90:14	specific 78:12	standing 10:3
schedule 37:11	91:24	solely 71:9	specifically	15:2 69:6
school 7:23 58:7	services 25:4,7	solemnly 6:7	87:17 93:9	standpoint
Scott 2:18 5:21	35:4 36:6,13	Solomon 2:15	speculate 73:21	43:13
64:16	36:25 38:6,21	2:18 4:4 5:21	73:25	start 27:12 90:6

started 66:3 76:6	12:12,13,13,14 12:22 13:8,9	10:18 11:15,23 45:21 46:11	80:18 81:17,24 Tampa 7:24	78:7 100:14 think 9:19,21,25
starting 27:11	13:11,22 14:12	54:23 58:10	teaching 22:23	10:5 11:7
starts 13:4,5 78:19 79:22	21:11,16 22:2 22:6,14 23:13	92:19 102:21	team 37:10 43:20	14:11 15:23
State 104:2,23 105:3	24:3,14 25:10 27:23 28:6,10	surviving 1:5,5 1:6	telephone 9:2 31:14 48:2,10	19:17 26:17
stated 107:23	28:11,21 30:12	survivors 1:4	100:24,24	41:5,20 51:10
statement 47:24 57:13 67:23	32:4,23 42:17 42:18 45:6,14	suspended 68:13 69:10	tell 6:18 7:19	57:6 59:23
statements 30:22 57:2	47:1,6 49:7,8 52:10,22 53:11	suspicious 83:13	10:2 15:18	86:11 91:9
States 93:19	53:14 58:13,17	sustain 94:2	20:16 26:8	third 99:5
stationery 20:9	58:22 71:7,10	sustained 92:11 92:12	42:2 51:21	thorax 101:24
stay 41:17	71:11,12,13	swear 6:7	61:15 62:1	thought 11:12
stenographic 105:12	76:12 80:11	sworn 6:14 104:9	66:16,17 71:15	thousands 93:18
stenographica...	81:14 83:21	syndrome 18:13 18:14,16,19	74:1 75:17	three 86:16,22
	85:8,16 93:14		81:5,15,15,19	88:6
		21	81:22 83:16	tied 13:3
stop 11:24 14:20 14:22,25 15:17	97:2,4,7,20	70:2	98:22,23	time 4:14 5:3
23:21 59:11	98:17 99:11,14	T	telling 21:25	7:13 11:11
76:5,5,7	99:17 101:15	take 11:4 20:22	38:19,25	16:21 22:25
stopped 46:21	103:2	29:14 34:3	tells 37:15 48:22	24:9 26:25
46:24 47:4,7	surgeons 9:9	36:6 38:13	83:8,11	34:7,10 40:2,3
strike 39:23	10:7,9,11	49:9 51:24	terms 16:18	40:7,14 41:7
68:15 69:2	30:10,13 54:9	52:6 56:11	70:20	44:3 59:23
90:14	54:20 57:14	70:16 79:10	testified 6:15	60:2,15 61:10
studies 65:24	58:4 93:18,18	88:5,12 96:12	testify 56:25	61:15 74:13
stuff 12:17	surgeries 47:14	102:22 106:7	57:4	78:20 81:17,24
subject 49:25	surgery 1:11	taken 15:11 34:8	testimony 6:8	86:9 88:12
substance 67:18	2:14 7:19 8:7	66:15 70:12	14:13 56:24	93:5 94:22
suffered 52:6	8:11 10:12,17	96:15 107:3	67:2 69:18	96:14,17
suggestion 27:15	10:20,21,24	takes 13:20	74:7 76:24	103:19 106:8
Suite 1:23 2:10	11:5 12:7	97:12	87:14 98:10	106:13
2:16,21 3:4,9	16:13 18:11	talk 10:15 15:4	thank 23:15	timeline 77:4
5:9 106:4,19	19:12 20:2	35:9 47:24	36:21 64:12	times 60:2,10
supposed 51:15	23:20 24:10,11	51:10 55:13	79:4,17,17	66:9 86:16,22
95:3 98:22	25:7,9,16,17	57:2 63:16	89:17 96:10	timing 63:23
sure 20:21 26:12	39:8 45:15	64:24 96:22	103:8,13,17	today 7:14 18:22
31:1 34:5	46:1 47:12,13	97:1 100:16	Thanks 78:24	64:19 66:5,22
36:21 38:24	47:19,20 63:5	talked 28:19	thesaurus 90:20	77:16 88:14
44:1 45:20	69:18 70:8,13	41:5,21 58:24	thing 57:12	98:10
53:4,7,10	70:17 71:17,19	80:14 98:18	62:20 80:7	told 9:6,9 31:17
55:15 99:9	71:23 72:21	99:3	82:25 90:4	32:1,7 42:6
surgeon 7:3 11:2	73:4 97:13	talking 7:14	91:20	45:14 72:13,15
11:4,16,24	100:14	44:3 56:6 80:9	things 20:16	72:22 73:11
	surgical 1:11		29:22 30:2	77:16 87:3,21
			32:6,10 51:16	96:5
			56:5,6 59:24	top 18:3 23:12
				60:6,8 82:25
				trained 12:12

58:4	transferring	treat 103:3	unambiguously	5:4
training 7:20,24	19:1 38:19,25	treating 68:7	31:18	violation 39:19
8:7,9,11 10:20	43:20 88:11	76:2,22,23	unaware 87:4	87:19,23
11:5 12:14	transfers 22:19	98:2	unclear 31:2	virtue 84:9
13:10 58:10	95:13	treatment 65:19	Undergraduate	visit 14:9
71:10	Translating	tried 27:13	7:22	VS 106:6 107:2
transcribed	78:10	trouble 55:15	underneath 35:3	vs- 1:8
31:16	trauma 1:13,16	true 19:17 25:21	undersigned	
transcribing	1:18 4:16 7:3,5	32:13 105:11	104:7	W
43:15	7:10,13,25	107:23	understand 7:17	WAAS 2:15
transcript 17:15	8:11 9:9 10:7,9	truly 106:17	15:7 65:4 67:1	wait 62:8 75:21
78:19 79:8	10:22,24 11:4	Trust 90:8	74:7 76:24	76:4,4,4 90:13
105:10,11	11:5 12:14	truth 6:9,9,10	unit 23:1 27:18	waive 106:8,15
106:10,11	13:11,23 16:7	57:8	47:15,23 48:2	106:22
107:1	16:17 18:11	try 41:12 78:8	62:21	walk 62:13
transcription	19:12 20:2	87:9,23 88:2	United 93:18	walked 61:25
4:12 48:10	23:12,20,25	100:4	units 29:16 30:3	want 8:13 9:8,15
49:19,20 70:23	24:10 25:4	trying 68:3	83:17 84:10	12:6,21 13:7
71:1 77:11	27:3,22 28:7	74:22 101:9	University 7:22	13:13 17:17
78:9	30:18,18,23	tubes 13:2	7:23 22:23	29:21,25 31:1
transcripts 9:2	31:9,18,18	turn 82:22	Unknown 89:10	33:11 35:9
transfer 4:17	32:22 35:4	turned 11:12	unprofessional	36:21 37:6
13:23 16:23	36:6,13,25	24:3,15	50:1,15	42:10,24 47:24
17:13,23 18:11	38:6,21 39:3,8	turns 69:25	unstable 39:19	50:5 51:8,12
19:12,25 20:8	39:11 41:25	twice 66:10	39:21 47:21	53:4,10 55:13
20:13 21:1,10	42:9 43:2,18	two 14:12 54:9	87:24	56:4 57:12
21:13,17 22:2	43:22 44:8	54:20 70:22	use 49:18	58:24 59:11
22:3,6 27:5,6	45:25 47:12,13	83:17 84:10	usually 47:21	68:18 69:17
29:1 33:4	47:20 48:25	88:5 90:9	56:24	74:17 75:18
39:14 40:3,15	51:14,22,24	91:19		79:3,10 88:2
44:14 48:2	52:16 53:17	two-minute	V	88:10 91:5
53:22 54:22	54:2,9,20 56:8	72:16	Vague 55:20	96:12 99:9,24
68:3 78:16	59:7 63:21	type 48:3 82:9	vasoconstricto...	100:16
79:22 80:10	66:13 67:8	87:18	29:18 30:5	wanted 13:2
82:2 85:19	71:4,7,11,14	typed 103:16	vasopressors	20:2 38:5 49:2
88:17 91:18	71:23 73:9		41:6	82:5
92:2 94:20	80:11 81:6,14	U	ventilator 47:15	wanting 74:20
95:19 99:5,6	82:9,14 84:24	uh-huh 49:5,8	version 86:3	wants 10:21
99:10,11	91:17,18,24	59:25 60:9	versus 5:6	80:3
101:14,15,21	92:2 93:1,2,6	ultimately 13:5	victim 82:8	wasn't 32:7
102:1,3,12,14	93:10,13,15,16	33:4 82:19	victims 98:13	102:7
transfer-in 4:12	93:20,21,25	85:22	video 5:2	waste 81:24
18:5	94:1,2 95:11	ultrasound	videographer	wasting 81:17
transferred	95:19 97:2	83:12	3:12 5:1,12	86:9
12:23 24:14	98:13 101:21	unacceptable	34:6,9 96:13	way 12:4 16:7
44:15 91:23	102:2,4	14:6 39:18	96:16 103:18	27:19 61:24
102:21	traumatic 23:24	55:10 103:7	videotaped 1:20	62:14 90:9

we'll 8:19 10:5 27:12 33:11 46:19 48:7 103:15	24:3 25:9 28:11 29:10 30:10 33:5 41:12,18 45:7 49:7,8 52:10 53:11 58:13 65:14,20 71:25 72:7 75:4 76:13 77:14,25 80:2 85:13 86:14 87:9,16 88:16,25 89:6 89:12 96:24 97:19 98:17 100:17,21 106:6 107:2	101:16 works 16:7 62:18 world 41:7 wouldn't 15:11 55:25 58:13 wound 92:15,15 write 34:25 36:3 39:1 43:17 53:24 107:1 writes 34:20 36:23,24 38:21 42:1 writing 36:5 39:10 54:8 written 35:4 36:13,25 37:5 WRMC 19:1 wrong 31:9 32:21 55:23 wrongly 52:10 wrote 44:6	14:11,16 17:22 17:24 19:23 20:7,11 21:5 91:7,10 99:4 105:9 10:12 19:16 23:12 10:42 1:22 5:4 100 3:4 104 4:6 105 4:7 106 4:7 107 4:8 105:9 11:12 34:7 11:22 34:10 1100 3:4 12/12/16 4:14 12:30 96:14 12:38 96:17 12:46 1:22 103:19,22 135 2:16 144:14 150 2:21 1551 1:23 5:9 106:19 1601 3:8 174:11,12 18 1:21 18th 5:2 104:9 106:7 1999 7:25	2139 2:4 21st 16:3,18 67:18 102:8 22 33:12 34:14 2212 23:12 24:13 2218 27:8 2245 31:25 225 2:10 106:4 23 106:1 23rd 12:4 104:13 105:19 24 16:9 27 104:25
we're 5:1 7:14 16:16 17:18 33:17 51:22,23 54:10 65:20 95:15,18	went 12:25 52:7 61:24 62:15 63:3 76:12 weren't 31:14 99:2 West 1:23 2:4 3:9 5:9 106:20	X X 59:2	1100 3:4 12/12/16 4:14 12:30 96:14 12:38 96:17 12:46 1:22 103:19,22 135 2:16 144:14 150 2:21 1551 1:23 5:9 106:19 1601 3:8 174:11,12 18 1:21 18th 5:2 104:9 106:7 1999 7:25	3 34:13 20:18 33:17 34:13 59:1,3 3/10/17 4:14 3:26 61:17 3:30 29:13 60:11 3:46 60:11 305.447.6500 2:17 33146 2:17 33324 2:22 33394 3:5 33401 1:23 3:9 5:10 106:20 33409 2:4 33418 2:11 106:4 3rd 3:4
we've 95:18	Whitehouse 85:1,2 William 1:13 3:7 wish 106:15 Wit 1:5 witness 4:2,7 6:11 9:20,21 10:25 18:9,24 25:14 34:3 76:8 79:16 88:21 90:19 96:10 103:7 107:3 word 55:14 90:22 words 37:14 44:6 55:13 work 62:16 88:2 88:5 worked 13:10 13:11 67:8 working 59:15 72:10 89:7	Y yeah 49:10 51:13 year 71:18 years 7:24 98:3 98:10 you-all 16:23 young 21:17 31:19 32:23 33:4 36:2 38:8 39:14 40:13 43:21 52:6 54:22 102:12 103:1	2 24:12 17:19,20 21:5 23:11 200-E 1:23 5:9 2007 7:25 37:10 200E 106:19 2014 7:13 16:5 26:11 37:9 2018 1:21 5:3 104:9,13 105:19 106:1,7 2020 104:25 2055 18:7 19:12 19:13	4 44:14 19:23 23:11 33:17 34:13 59:18,19 59:22 4/21 61:5 4/21/14 4:11 18:4 4/22 61:5 4:00 59:7 400 3:9 401 60:17
Webber 3:11 4:5 5:25,25 11:19 12:1 17:5 21:22 22:9 24:5 25:13 26:21 28:2,14 30:20 31:5,12,21 32:18 33:6,23 35:12,23 36:14 37:2,18 38:10 39:5,17 41:16 42:4,12,20 43:10,23 44:11 44:17 45:8,22 46:2 49:16,18 50:8,14 51:18 52:12,19,24 54:5,12 55:1 55:11 56:2,12 57:21 58:14,20 85:24 89:20,23 89:24 90:5,8 90:11,17,25 91:1,12 92:23 95:5 96:8 99:22 101:11 101:20 102:15 102:23 103:5	weren't 31:14 99:2 West 1:23 2:4 3:9 5:9 106:20	Z 0 05/18/2018 107:3 1	2 24:12 17:19,20 21:5 23:11 200-E 1:23 5:9 2007 7:25 37:10 200E 106:19 2014 7:13 16:5 26:11 37:9 2018 1:21 5:3 104:9,13 105:19 106:1,7 2020 104:25 2055 18:7 19:12 19:13	2139 2:4 21st 16:3,18 67:18 102:8 22 33:12 34:14 2212 23:12 24:13 2218 27:8 2245 31:25 225 2:10 106:4 23 106:1 23rd 12:4 104:13 105:19 24 16:9 27 104:25
well 16:11 weeks 22:10 Well-deserved 90:17 Wellington 1:9 3:2 5:6,24 11:3 12:22,23 13:8 14:14 19:1,3	weren't 31:14 99:2 West 1:23 2:4 3:9 5:9 106:20	Z 0 05/18/2018 107:3 1	2 24:12 17:19,20 21:5 23:11 200-E 1:23 5:9 2007 7:25 37:10 200E 106:19 2014 7:13 16:5 26:11 37:9 2018 1:21 5:3 104:9,13 105:19 106:1,7 2020 104:25 2055 18:7 19:12 19:13	2139 2:4 21st 16:3,18 67:18 102:8 22 33:12 34:14 2212 23:12 24:13 2218 27:8 2245 31:25 225 2:10 106:4 23 106:1 23rd 12:4 104:13 105:19 24 16:9 27 104:25

408 60:17				
416 61:22				
48 4:14				
4880 2:10 106:3				
5				
5 4:14 48:4,8				
500 2:16				
502015CA002...				
1:2 106:6				
107:2				
510 2:21				
561.408.3772				
2:11				
561.659.5970				
3:10				
561.686.6300				
2:5				
59 4:13,14				
6				
6 4:4				
6:00 63:22				
64 4:4				
7				
77 4:5				
8				
8 21:7,8				
8:55 18:8 19:13				
82 56:6				
89 4:5				
9				
91 4:16				
945479 104:24				
954.463.0033				
2:22				
96 4:6				

IN THE CIRCUIT COURT OF THE
FIFTEENTH JUDICIAL CIRCUIT IN AND
FOR PALM BEACH COUNTY, FLORIDA

CASE NO.: 502015CA002369AN

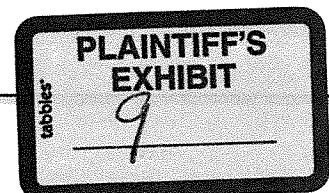
EDMUNDO PEREZ, as Personal
Representative of the Estate of
ASHLEY PEREZ and the lawful survivors of
The Decedent, To Wit: EDMUNDO PEREZ,
As surviving spouse, AMALIA PEREZ, as
Surviving minor daughter, and DYLAN
PEREZ, as surviving minor son,

Plaintiffs,

vs.

WELLINGTON REGIONAL MEDICAL CENTER, INC.,
individually and on behalf of its agents,
apparent agents, servants and employees;
JAMES JUSTIN GOAD, M.D.; PALM BEACH GENERAL
SURGERY d/b/a THE CENTER FOR ADVANCED
SURGICAL CARE; ST. MARY'S MEDICAL CENTER, INC.,
d/b/a ST. MARY'S MEDICAL CENTER; WILLIAM JEFFREY
DAVIS, D.O.; PALM BEACH TRAUMA ASSOCIATES,
Individually and on behalf of its partners,
agents, apparent agents, servants and employees;
ROBERT BORREGO, M.D., P.A., independently and as
general partner of PALM BEACH TRAUMA ASSOCIATES;
AHMED EL-HADDAD, M.D., P.A.; DIMITER B. HRISTOV,
M.D., P.A., independently and as general partner
of PALM BEACH TRAUMA ASSOCIATES; RAYMOND
HENDERSON SR., M.D.; AND RAYMOND
HENDERSON, SR., M.D., P.A.,

Defendants.



1 STATE OF FLORIDA)
 2 COUNTY OF DUVAL)
 3
 4 DEPOSITION OF WILLIAM JEFFREY DAVIS, D.O.
 5 Taken on behalf of Plaintiffs
 6
 7 DATE: Friday, June 30, 2017
 8 TIME: 11:03 a.m. - 1:56 p.m.
 9 PLACE: Phipps Reporting
 301 West Bay Street, Suite 1400
 Jacksonville, Florida 32202

13 Reported By: Suzanne R. Robinson
 Registered Professional Reporter
 Georgia Certified Court Reporter
 Notary Public, State of Florida

www.phippsreporting.com
 888-811-3408

1 APPEARANCES (Cont.):
 2 ALYSSA PICCIRILLO, ESQUIRE,
 3 Chimpoulis, Hunter & Lynn, P.A.
 4 2209 NE 22nd Terrace
 Fort Lauderdale, Florida 33305
 5
 6 954.463.0033
 7 apiccirillo@chl-law.com
 8 Appearing telephonically on behalf of
 Dr. Henderson.

9 PAIGE SAPERSTEIN, ESQUIRE,
 10 Falk Waas Hernandez Cortina
 Solomon & Bonner, P.A.

11 135 San Lorenzo Avenue, Suite 500
 12 Coral Gables, Florida 33146
 13 305.447.6500
 psaperstein@falkwaas.com

14 Appearing telephonically on behalf of
 15 James J. Goad, M.D., and Palm Beach
 General Surgery, LLC, d/b/a The Center
 for Advanced Surgical Care.

16 KEITH J. PUYA, ESQUIRE,

17 Law Offices of Keith J. Puya, P.A.

18 4880 Donald Ross Road, Suite 225
 19 Palm Beach Gardens, Florida 33418
 20 561.408.3772
 21 kpuya@puyalaw.com

22 Appearing on behalf of Dr. Hristov,
 23 Professional Association; and Dr. El-Haddad,
 Professional Association.

24 ALSO PRESENT: Jim Wilson, Videographer
 25

www.phippsreporting.com
 888-811-3408

1 APPEARANCES:
 2 ADAM S. HECHT, ESQUIRE, and
 F. GREGORY BARNHART, ESQUIRE,

3 Searcy Denney Scarola
 4 Barnhart & Shipley, P.A.
 5 2139 Palm Beach Lakes Boulevard
 West Palm Beach, Florida 33409
 6
 7 561.686.6300
 AHecht@searcylaw.com
 fgb@searcylaw.com

8 Appearing on behalf of Plaintiffs.

9 JOHN C. WEBBER, ESQUIRE,

10 Billing, Cochran, Lyles,
 11 Mauro & Ramsey, P.A.
 12 1601 Forum Place, Suite 400
 13 West Palm Beach, Florida 33401

14 561.659.5970
 15 jcw@bclmr.com
 16 Appearing on behalf of Dr. Davis,
 St. Mary's and Dr. Borrego.

17 ELIZABETH M. SCHOENTHAL, ESQUIRE,
 18 The Law Office of Jay Cohen, P.A.
 19 100 SE 3rd Avenue, Suite 1100
 20 Fort Lauderdale, Florida 33394.

21 954.449.8700
 22 eschoenthal@jaycohenlaw.com
 23 Appearing telephonically on behalf of
 24 Wellington Regional Medical Center.
 25

www.phippsreporting.com
 888-811-3408

TABLE OF CONTENTS

Witness	Page No.
WILLIAM JEFFREY DAVIS, D.O.	
Examination by Mr. Barnhart	7
Cross-Examination by Mr. Puya	144
Redirect Examination by Mr. Barnhart	148

EXHIBITS

Plaintiffs' Exhibit No.	Description	Page No.
No. 1	Acceptance of Patient Transfer	38
No. 2	Transfer Center Supplemental Nurse's Notes	120
No. 3	Directorship Agreement	153

www.phippsreporting.com
 888-811-3408

1 VIDEOGRAPHER: Today's date is June 30th,
2 2017. The time is now 11:03 a.m. This is the
3 video deposition of Dr. William Jeffrey Davis.
4 Will counsel please announce your appearances
5 for the record. The court reporter will swear in
6 the witness.
7 MR. BARNHART: Yes. Greg Barnhart and Adam
8 Hecht on behalf of the Perez family.
9 MR. WEBBER: John Webber on behalf of
10 Dr. Davis, St. Mary's, and Dr. Borrego.
11 MR. PUYA: This is Keith Puya on behalf of
12 Dr. Hristov, Professional Association, and
13 Dr. El-Haddad, Professional Association.
14 MS. SCHOENTHAL: This is Elizabeth Schoenthal
15 on behalf of Wellington Regional Medical Center.
16 MS. PICCIRILLO: This is Alyssa Piccirillo on
17 behalf of Dr. Henderson.
18 MS. SAPERSTEIN: And this is Paige Saperstein
19 on behalf of Dr. Goad and his professional
20 association.
21 COURT REPORTER: Would you raise your right
22 hand, please.
23 DR. DAVIS: (Complies.)
24 COURT REPORTER: Do you solemnly swear the
25 testimony you're about to give will be the truth,

www.phippsreporting.com
888-811-3408

1 **Q All right. What I'd like to do --**
2 MR. SCHOENTHAL: If you could speak up,
3 please. I'm sorry. This is Elizabeth Schoenthal.
4 I can't really hear the witness.
5 MR. WEBBER: Let's move that mic further over.
6 (Discussion off record.)
7 BY MR. BARNHART:
8 **Q All right. Dr. Davis, as you heard, some of**
9 **the lawyers on the phone are having difficulty hearing,**
10 **so if you could speak up, sir.**
11 **All right. And what -- I'd like to go into**
12 **your background a little bit. But what -- what are you**
13 **currently doing now for a living?**
14 A I'm the medical director of the Concentra
15 clinic in north Jacksonville.
16 **Q And what is that?**
17 A It's an occupational medicine firm nationwide.
18 **Q Concentra?**
19 A Concentra.
20 **Q C-o-n-c-e-n-t-r-a?**
21 A Yes.
22 **Q And so do they have a branch office, if you**
23 **will, here in Jacksonville?**
24 A I actually have three.
25 **Q Three. And is that an urgent care center or**

www.phippsreporting.com
888-811-3408

1 the whole truth, and nothing but the truth, so help
2 you God?
3 DR. DAVIS: I do.
4 COURT REPORTER: Thank you.
5 DR. WILLIAM JEFFREY DAVIS,
6 having been produced and first duly sworn as a witness
7 on behalf of the Plaintiffs herein, and having
8 responded "I do" to the oath, then testified as
9 follows:
10 DIRECT EXAMINATION
11 BY MR. BARNHART:
12 **Q All right. Good morning, sir. We met a**
13 **little bit earlier.**
14 **Could you tell us your full name, please, and**
15 **your address.**
16 A William Jeffrey Davis. 1335 Marsh Harbor
17 Drive, Jacksonville, Florida.
18 **Q Is that your residence?**
19 A Yes.
20 **Q And how long have you lived in Jacksonville?**
21 A A year.
22 **Q A year?**
23 **And we are in Jacksonville right now, are we**
24 **not?**
25 A Yes.

www.phippsreporting.com
888-811-3408

1 **something else?**
2 A It's called Concentra Urgent Care. It mainly
3 does occupational medical.
4 **Q Does that mean workers' compensation, that**
5 **sort of thing?**
6 A Yes.
7 **Q All right. And do you actually practice**
8 **medicine, or do you run it like a businessman?**
9 A I'm practicing, seeing patients every day.
10 **Q All right. What -- what's your position**
11 **there, your formal position?**
12 A Medical director.
13 **Q Medical director?**
14 A Yes.
15 **Q And are there any other physicians?**
16 A There's physicians in each of the clinics. I
17 have other people that fill in when I'm not there.
18 **Q All right. Let's go back about your**
19 **background. Could you tell us a little bit about your**
20 **education, starting with college.**
21 A I graduated from the University of South
22 Florida in 1972. I went to Kansas City University of
23 Medicine and Biosciences, got my D.O. degree from
24 there.
25 **Q And when was that, sir?**

www.phippsreporting.com
888-811-3408

- 1 A 1978.
 2 **Q All right. And then what?**
 3 A And then I went to -- came here to
 4 Jacksonville, did the University of Florida program in
 5 emergency medicine, finished that in 1981.
 6 **Q 1981. So your residency was in emergency**
 7 **medicine?**
 8 A Yes.
 9 **Q All right. Are you Board-certified?**
 10 A I had been Board-certified up till 2007, when
 11 I let it lapse.
 12 **Q All right. Why did you let it lapse?**
 13 A Because I was in an administrative position
 14 then and not practicing emergency medicine.
 15 **Q Okay. Have you sought to retake the Board**
 16 **certification exam in emergency medicine now?**
 17 A No.
 18 **Q To do that, you would have to take an exam;**
 19 **correct?**
 20 A Actually, it's been long enough to where I
 21 would not be eligible unless I went back and did some
 22 more training.
 23 **Q Oh, all right.**
 24 **All right. So tell us a bit about your**
 25 **experience after you finished your residency.**

www.phippsreporting.com
 888-811-3408

- 1 different fire districts into one entity.
 2 **Q Was that the consolidation into the Health**
 3 **Care District?**
 4 A No. The fire departments had separate fire
 5 districts that got consolidated into one, Palm Beach
 6 County Fire Rescue.
 7 **Q All right.**
 8 A I was the medical director for Palm Beach
 9 County Fire Rescue for 16 years.
 10 **Q Was that more of an administrative position or**
 11 **an actual physician seeing patients position?**
 12 A Well, I would see patients in the field when I
 13 would ride with the paramedics. And I had 600
 14 paramedics and EMTs practicing under my license, so
 15 about 140,000 calls a year through Palm Beach County
 16 Fire Rescue.
 17 **Q All right. But did you actually go to any**
 18 **emergency departments and work during that period of**
 19 **time?**
 20 A Oh, yeah. I was a -- I did that part-time.
 21 Part-time fire rescue, part-time emergency medicine.
 22 **Q Okay. So fire rescue was part-time, and**
 23 **emergency medicine was part-time?**
 24 A Right.
 25 **Q And that's how you made your living?**

www.phippsreporting.com
 888-811-3408

- 1 A I originally started at Bethesda Hospital.
 2 **Q In?**
 3 A In 1981.
 4 **Q But which Bethesda?**
 5 A Boynton Beach, Florida.
 6 **Q All right.**
 7 A I started --
 8 **Q Was that your first job?**
 9 A Yes.
 10 **Q All right.**
 11 A Well, first job in emergency medicine.
 12 **Q Right. First medical job?**
 13 A Right.
 14 **Q I mean, you may have been an orderly or**
 15 **something, working your way through school. But I'm**
 16 **talking about your first doctoring job.**
 17 A Yeah.
 18 **Q All right.**
 19 A Then I started doing some -- in addition to
 20 working there, I was working at JFK Medical Center in
 21 Atlantis, Florida.
 22 I became medical director for Boynton Beach
 23 Fire Rescue, Trail Park Fire Rescue, all those in Palm
 24 Beach County. And then I was medical director for Palm
 25 Beach County Fire Rescue when they consolidated all the

www.phippsreporting.com
 888-811-3408

- 1 A Right.
 2 **Q And what years are those?**
 3 A Oh, let's see. So there's multiple different,
 4 overlapping timeframes. So, you know, I was medical
 5 director for a bunch of smaller entities, and then in
 6 1984 when consolidation occurred for fire rescue,
 7 that's when I took that job. I was working at JFK and
 8 Palms West Hospital emergency departments at the time.
 9 And then in 19 -- in late 1980s, early 1990s,
 10 I started working on putting on -- putting together the
 11 trauma system in the Health Care District. So that was
 12 like another overlapping thing.
 13 So when the trauma system started in 1991, I
 14 was medical director for the trauma system, in addition
 15 to being medical director for Palm Beach County Fire
 16 Rescue and working part-time in the emergency
 17 department.
 18 **Q All right. And at some point, did -- well,**
 19 **let's put it this way, when did you become**
 20 **Board-certified in emergency medicine, approximately?**
 21 A In the early 1980s.
 22 **Q All right. And is there a Board certification**
 23 **and utilization review?**
 24 A There's was a certification course. There's
 25 not any Board certification that I'm aware of.

www.phippsreporting.com
 888-811-3408

- 1 **Q Okay. So it's just -- when you say a**
 2 **certification course, you just take a course in**
 3 **utilization?**
 4 **A Right.**
 5 **Q How long is it?**
 6 **A It's like a weekend course.**
 7 **Q All right. And utilization review is what?**
 8 **A It's where you -- you review patient records**
 9 **for length of stay, appropriateness of care. Typically**
 10 **the insurance companies pay for a patient's visit at a**
 11 **flat rate. And depending on the diagnosis, they expect**
 12 **the patient to stay in the hospital a certain number of**
 13 **days. And if the doctor is not efficient at either**
 14 **documenting or managing the patient, that patient will**
 15 **end up staying in the hospital longer than expected and**
 16 **costing the hospital more.**
 17 **So the person who does utilization review**
 18 **reviews that and tracks all those parameters for each**
 19 **doctor. You can tell who are the more efficient**
 20 **physicians by their length of stay. And people that**
 21 **are continually beyond the length of stay, there is**
 22 **something to look at.**
 23 **Q All right. And so would you be involved in --**
 24 **I won't say evicting a patient -- but getting a patient**
 25 **out of the hospital?**

www.phippsreporting.com
888-811-3408

- 1 **A Well, the list of duties was four pages long.**
 2 **So I don't think -- I don't have it memorized. I**
 3 **didn't have it memorized even when I was there.**
 4 **Q I'm sure you didn't.**
 5 **Do you -- do you have -- I mean, do you still**
 6 **have documents that are -- that have to do with your**
 7 **employment with St. Mary's?**
 8 **A No.**
 9 **Q All right. So you had a contract, I take it?**
 10 **A No. I was an -- an employee.**
 11 **Q Of whom? St. Mary's is owned by Tenet**
 12 **Corporation.**
 13 **A Right. I was employed by the regional office**
 14 **of Tenet Healthcare.**
 15 **Q All right. So the paycheck that you got was**
 16 **from Tenet?**
 17 **A Correct.**
 18 **Q All right. And your position was with Tenet**
 19 **Corporation?**
 20 **A Yes.**
 21 **Q So what was your relationship with, say, the**
 22 **CEO of the hospital?**
 23 **A Well, I was part of the administrative team,**
 24 **so, you know, we worked hand in hand.**
 25 **Q All right. Well, why don't you just tell us,**

www.phippsreporting.com
888-811-3408

- 1 **A No.**
 2 **Q All right. So at some point, did you become**
 3 **employed with St. Mary's Medical Center?**
 4 **A 2007, December 2007.**
 5 **Q And what were the circumstances through which**
 6 **you became employed there?**
 7 **A Well, I was -- let me back up for a minute. I**
 8 **became the director of the trauma agency at the Health**
 9 **Care District. Originally I was just medical director**
 10 **and then became director of the trauma agency around**
 11 **2000.**
 12 **And then in 2006, my 20-year-old son died of**
 13 **meningitis.**
 14 **Q I'm sorry to hear that.**
 15 **A And that was pretty, you know, emotionally**
 16 **damaging, and I needed a change. So the regional**
 17 **administrative person for Tenet Healthcare approached**
 18 **me and asked me if I would be interested in changing**
 19 **jobs because he and I were pretty close. And so he**
 20 **recruited me to become medical -- I mean the chief**
 21 **medical officer at St. Mary's Medical Center.**
 22 **Q All right. Well, let's -- let's talk about**
 23 **that. What is the chief medical officer at St. Mary's?**
 24 **A What were the duties?**
 25 **Q Right, yeah. I mean, what is it that you did?**

www.phippsreporting.com
888-811-3408

- 1 **if you would, generally what a chief medical officer**
 2 **did while you were there at St. Mary's.**
 3 **A I was mainly involved with the interface with**
 4 **the staff physicians, and I attended all the peer**
 5 **review committees, all the utilization review**
 6 **committees. Any high-level administrative meeting, I**
 7 **was at.**
 8 **Q All right.**
 9 **A I was frequently consulted on -- we had a**
 10 **transfer center that accepted -- St. Mary's accepted**
 11 **4,000 -- over 4,000 transfers into that hospital a**
 12 **year. And frequently those were patients that -- if**
 13 **the other hospitals in the area were incapable of**
 14 **taking care of or unwilling to take care of -- and**
 15 **St. Mary's accepted most of them.**
 16 **And so if the administrator on call was not**
 17 **clinical, like the CFO or the -- some other**
 18 **administrative person that had no medical background,**
 19 **they would say, "Call Dr. Davis." So 24 hours a day,**
 20 **seven days a week for nine years, I was on call for the**
 21 **transfer center and mediated any disputes at the**
 22 **transfer center.**
 23 **Q All right. And was that a regular -- I mean,**
 24 **did you often have to mediate disputes at the transfer**
 25 **center?**

www.phippsreporting.com
888-811-3408

- 1 A I wouldn't say mediate disputes. Maybe --
- 2 **Q Deal with disputes?**
- 3 A Deal with issues surrounding the transfer
- 4 center. So, you know, sometimes outlying hospitals
- 5 would not accurately represent what was wrong with the
- 6 patient or would try to dump an uninsured patient on
- 7 St. Mary's, so it was my job to kind of weed that out
- 8 and find out what was going on.
- 9 **Q All right. You started in 2007. When did you**
- 10 **leave?**
- 11 A June 30th of 2016 -- I'm sorry, June 10th.
- 12 June 10th.
- 13 **Q All right. And what were the circumstances**
- 14 **under which you left Tenet?**
- 15 A Tenet Healthcare ran into some financial
- 16 troubles, and they hired McKinsey Consulting to look at
- 17 their nationwide network of hospitals and look at ways
- 18 to cut -- cutting costs.
- 19 **Q I can see where this is going, but go ahead.**
- 20 **Yeah.**
- 21 A So McKinsey Consulting recommended that Tenet
- 22 eliminate the chief medical officer position from all
- 23 87 hospitals, which they did.
- 24 **Q Were you involved in any litigation with**
- 25 **Tenet?**

www.phippsreporting.com
888-811-3408

- 1 question.
- 2 You can answer.
- 3 THE WITNESS: Nobody.
- 4 BY MR. BARNHART:
- 5 **Q Nobody. But those problems didn't go away,**
- 6 **did they?**
- 7 A Correct. They got -- I guess the CEO and the
- 8 other administrative team had to take over those
- 9 duties.
- 10 **Q But they're not physicians.**
- 11 A Exactly.
- 12 **Q All right. All right. At the time you were**
- 13 **chief medical officer, did you actually see patients?**
- 14 A I mean, I walked around the hospital, made
- 15 rounds, talked to patients. If there was complaints,
- 16 issues, whatever, there was sometimes, you know,
- 17 dissatisfied families or patients, and I would talk to
- 18 them and, you know, mediate any kind of ...
- 19 **Q How about actually treat?**
- 20 A No.
- 21 **Q All right. Did you have any -- did you have**
- 22 **privileges to treat while you were chief medical**
- 23 **officer?**
- 24 A I had privileges, hospital privileges, but I
- 25 did not have any -- I did not have any admitting

www.phippsreporting.com
888-811-3408

- 1 A What do you mean?
- 2 **Q Over this, you know, over being terminated.**
- 3 A I wasn't terminated. The job was just
- 4 eliminated.
- 5 **Q Over the job being eliminated --**
- 6 A No.
- 7 **Q -- was there any litigation?**
- 8 A Not that I'm aware of.
- 9 **Q Well, you would be the one. You would be the**
- 10 **captain of that ship. That would -- you would either**
- 11 **sue or not sue, depending on ...**
- 12 A Oh, I did not sue.
- 13 **Q All right. Okay. And after your position was**
- 14 **eliminated, what did you do?**
- 15 A I took a couple of months off.
- 16 **Q And then?**
- 17 A And then found a job here in Jacksonville.
- 18 **Q Okay. All right. Was the only position you**
- 19 **had at St. Mary's the chief medical officer?**
- 20 A Yes.
- 21 **Q All right. Well, since the consulting company**
- 22 **decided to eliminate jobs, and particularly that**
- 23 **partic- -- that position, who did that job after you**
- 24 **were let go?**
- 25 MR. WEBBER: Objection to the form of the

www.phippsreporting.com
888-811-3408

- 1 privileges.
- 2 **Q Oh, okay. All right. So it was an**
- 3 **administrative job?**
- 4 A Yes.
- 5 **Q All right. All right. Were you involved in**
- 6 **the drafting of any documents or agreements that**
- 7 **St. Mary's or Tenet used with its participant**
- 8 **physicians or groups?**
- 9 A I was involved with a lot of the negotiations,
- 10 drafting the actual contract. Not that I recall. I
- 11 mean, I don't recall -- I don't recall talking about
- 12 specific language.
- 13 **Q Okay. Well, I mean, let me ask you**
- 14 **specifically. The transfer documents, all right, so**
- 15 **that -- transfer documents, we're going to cover that.**
- 16 **But those are not really -- I mean, they're legal**
- 17 **documents. There's a legal proceeding. But they're**
- 18 **more medical documents; they have medical questions.**
- 19 **Would -- would you have been involved in the**
- 20 **drafting of -- they're forms -- in the drafting of**
- 21 **those forms?**
- 22 A Probably at some -- at some point, I mean.
- 23 **Q All right. What about transfer policies,**
- 24 **would you have been involved in that?**
- 25 A There's policies, and there's procedures.

www.phippsreporting.com
888-811-3408

- 1 Policies have to be approved by the medical staff and
2 the board. Procedures are just done by administration.
3 **Q All right. Did -- did you prepare any?**
4 A Not by myself. I was involved in discussions
5 about them, though.
6 **Q Okay. How about trauma contracts or trauma**
7 **policies?**
8 A Well, let's go back. Are you talking about
9 while I was at St. Mary's or --
10 **Q Yes, sir. Yeah.**
11 A I was intimately involved with the trauma
12 program from the very beginning. As far as the
13 negotiations with the Health Care District and the
14 contract with St. Mary's, I was involved with that.
15 The --
16 **Q Now, is this once you started at St. Mary's or**
17 **before?**
18 A Both.
19 **Q Okay. Well, let's -- let's take from**
20 **St. Mary's because I know you were involved with the**
21 **Health Care District before you joined St. Mary's. So**
22 **let's talk about the time you were in St. Mary's.**
23 So the trauma policies and procedures talk
24 about trauma surgery, and they also talk about surgical
25 intensive care and critical care; right?

www.phippsreporting.com
888-811-3408

- 1 **Q Right.**
2 A They are paid to be on call, to take care of
3 trauma patients from the time they come into the OR, to
4 the ICU. Their whole time in the hospital, the trauma
5 surgeons are in charge of those patients. And they are
6 paid specifically to do that, and they are prohibited
7 from doing anything else while they're on call for
8 trauma.
9 **Q While they're on call. But they also -- they**
10 **also have duties to take care of intensive care**
11 **patients, critical care patients in the intensive care,**
12 **do they not?**
13 A Trauma patients.
14 MR. PUYA: I'm going to object to form.
15 MR. BARNHART: Well, we'll pull that --
16 COURT REPORTER: I'm sorry. One second.
17 Who --
18 MR. BARNHART: Puya, P-u-y-a.
19 COURT REPORTER: Thank you. I'm sorry.
20 MR. BARNHART: That's okay.
21 BY MR. BARNHART:
22 **Q We'll -- we'll cover that in a minute.**
23 Let me ask you what you've done. Are -- are
24 you being represented by Mr. Webber's firm?
25 A Yes.

www.phippsreporting.com
888-811-3408

- 1 A Right.
2 **Q Who -- who would have been involved in**
3 **drafting those?**
4 A In drafting policies --
5 **Q Right.**
6 A -- or procedures or what?
7 **Q Well, when you have a contract and there are**
8 **definitions -- and, as you said, your own contract went**
9 **on for many pages -- but the trauma group --**
10 A That was -- my job description was four pages
11 long. I never had a contract.
12 **Q Oh. Oh, okay.**
13 Well, for the trauma surgeons, there are
14 policies that they signed off on. Dr. Borrego, who is
15 the head of the -- the group. And it talks about --
16 and we'll show you if you need to go through it. But
17 it talks about them being trauma surgeons; correct?
18 A Correct.
19 **Q It also talks about them being critical care**
20 **specialists?**
21 A Surgical critical care for trauma patients.
22 **Q Right. Well, surgical critical care is what**
23 **it says, doesn't it?**
24 A Well, that's where their certification is, in
25 surgical critical care.

www.phippsreporting.com
888-811-3408

- 1 **Q And when did they begin representing you?**
2 A I guess shortly after the lawsuit was started,
3 I was assigned that firm by Tenet.
4 **Q All right. And so your -- are you -- are you**
5 **paying for them, or is Tenet paying for them?**
6 A Tenet.
7 MR. WEBBER: Objection to form.
8 BY MR. BARNHART:
9 **Q All right. What have you done in preparation**
10 **for your deposition? What have you read today or**
11 **before?**
12 A Nothing before. I just read the transcripts
13 from the phone calls from the transfer center that
14 night this morning.
15 **Q Okay. Did you read over any of the policies**
16 **or procedures?**
17 A No.
18 **Q Did you read over any of the critical care**
19 **documents, that is, contract, directions, that sort of**
20 **thing that you and I just discussed?**
21 A No.
22 **Q All right. So when you testified about the**
23 **duties of the trauma care surgeons, that's based upon**
24 **your recollection of what those documents may or may**
25 **not say?**

www.phippsreporting.com
888-811-3408

- 1 A It is based on my absolute knowledge of what's
2 required of the trauma surgeons.
- 3 Q Uh-huh. Well --
- 4 A I developed those exact guidelines myself when
5 I was with the District and made sure they were
6 enforced at St. Mary's.
- 7 Q I see. So you didn't review them? When was
8 the last time you looked at them?
- 9 A I don't have to look at them. I know them.
- 10 Q When is the last time you looked at them,
11 please, sir?
- 12 A I don't recall.
- 13 Q Years ago?
- 14 A I don't recall.
- 15 Q All right.
- 16 A That means I don't recall.
- 17 Q Well, I understand that. But let's try and
18 narrow it down. When's the last time you would have
19 laid eyes on them?
- 20 MR. WEBBER: Objection to form.
- 21 THE WITNESS: If I know the thing, exactly the
22 rationale and the reason for every single aspect in
23 there, I don't have to look at them. I know it by
24 heart.
- 25 BY MR. BARNHART:

www.phippsreporting.com
888-811-3408

- 1 over the hospital. Is that fair?
- 2 MR. WEBBER: Objection to the form.
- 3 THE WITNESS: That's not what I said, but go
4 ahead.
- 5 BY MR. BARNHART:
- 6 Q Is that fair?
- 7 A That's not what you said before, but go ahead.
- 8 Q Is that question a fair rendition of what you
9 did at St. Mary's?
- 10 A I did many things at St. Mary's.
- 11 Q Right. And we're talking now about documents
12 and procedures that were put in writing.
- 13 MR. WEBBER: Can you let him answer the
14 question, please.
- 15 MR. BARNHART: Sure.
- 16 THE WITNESS: I was talking about the trauma
17 duties and responsibilities of the trauma surgeons.
- 18 BY MR. BARNHART:
- 19 Q That's right.
- 20 A Which I say I know intimately because I was
21 involved in drafting their responsibilities years ago
22 and monitored those over the years from when I was at
23 the Health Care District and when I was at St. Mary's.
- 24 Q Do you know when those documents were first
25 drafted?

www.phippsreporting.com
888-811-3408

- 1 Q All right. So if I draft agreements some
2 years before, you would expect a person like me to
3 remember every single thing that's in there?
- 4 MR. WEBBER: Objection to form.
- 5 BY MR. BARNHART:
- 6 Q Go ahead.
- 7 A You know what? That's a hypothetical, and I
8 don't have to answer it.
- 9 Q You know you have a lawyer here who can tell
10 you -- he's a good lawyer, and he'll tell you not to
11 answer questions. You can't pose objections yourself,
12 or if you do it wrongly, then the judge will have your
13 deposition taken again.
- 14 So I'd -- I'd like to give you that
15 opportunity. It's not a hypothetical. Can you go
16 ahead and answer it?
- 17 MR. WEBBER: You're asking him to testify as
18 to what you would do. He met you five minutes ago.
- 19 MR. BARNHART: No. I'm just saying -- no.
- 20 Do you want me to repeat that question?
- 21 THE WITNESS: Sure.
- 22 BY MR. BARNHART:
- 23 Q Okay. From what you told us before, you were
24 involved in a number of -- in the preparation review of
25 a number of policies and procedures for physicians all

www.phippsreporting.com
888-811-3408

- 1 A 1991.
- 2 Q Okay. Do you know if they were amended since
3 that?
- 4 A They are required to be amended at least every
5 two years by the Joint Commission.
- 6 Q Well, do you know if they were amended in any
7 material way every two years? Were you involved in
8 amendments?
- 9 A Yes.
- 10 Q Okay. So what did you say, 1991? So 1991 to
11 2001, there would have been five amendments?
- 12 A Maybe more.
- 13 Q Maybe more.
- 14 And from 2001 until 2011, there would have
15 been five more or maybe more amendments; right?
- 16 A Maybe.
- 17 Q All right.
- 18 A There -- they would have to be reviewed and
19 then affirmed or amended every two years by the Joint
20 Commission.
- 21 Q All right. Then from 2011 to 2014, there
22 would be been, you know, one, two, three, whatever
23 amendments?
- 24 A Probably.
- 25 Q All right. And you're telling us you're

www.phippsreporting.com
888-811-3408

- 1 intimately familiar with all of those amendments?
 2 MR. WEBBER: Objection to form.
 3 THE WITNESS: I don't have them memorized.
 4 Let's put it that way.
 5 BY MR. BARNHART:
 6 Q Yes. Who was your superior when you were
 7 chief medical officer?
 8 A Dr. Davide Carbone, the CEO.
 9 Q All right. And was your position a salaried
 10 position?
 11 A Yes.
 12 Q Did you receive bonuses for any activities?
 13 A The entire administrative team got bonuses
 14 based on quality measures.
 15 Q Did they get bonuses based upon profitability?
 16 A That was one of the components of the quality
 17 measures.
 18 Q All right. And what about your relationship
 19 with the chief of nursing? What would that situation
 20 be like for the chief medical office and the chief
 21 nursing officer?
 22 A Very close.
 23 Q Okay. Was she equal to you in terms of
 24 administrative positions? Or I'm saying "she." It
 25 could have been a he?

www.phippsreporting.com
 888-811-3408

- 1 A Yes. He has the contract.
 2 Q All right. He, personally?
 3 A Yes.
 4 Q All right. All right. Your -- your current
 5 position is, you said, at Concentra. Is that owned by
 6 Tenet?
 7 A No. It's owned by Select Medical.
 8 Q All right. In addition, I asked you what you
 9 had done to prepare for your deposition. You said you
 10 had read over the telephone calls.
 11 A Yeah, like an hour ago.
 12 Q All right. Have you read anything else?
 13 A No.
 14 Q I presume you had conferences.
 15 A With who?
 16 Q Well, I presume with your lawyers. They're
 17 good lawyers; I presume they have.
 18 A Yeah, we've talked a few times.
 19 Q All right. How many conferences have you had
 20 with them?
 21 A Three or four.
 22 Q Up here or by telephone?
 23 A Oh, by phone.
 24 Q All right. And this was the first one. Did
 25 you have a conference last night?

www.phippsreporting.com
 888-811-3408

- 1 A Oh, yeah. It's a C-level position, so I'd say
 2 yes.
 3 Q Was Joey Bulfin the chief nursing officer at
 4 the time you were there, at least when you left?
 5 A Part of the time. And then somebody else came
 6 along. Joey got promoted to chief operating officer --
 7 Q Okay.
 8 A -- a few years ago.
 9 Q And what is the -- your relationship with the
 10 head of the trauma surgery? What's -- what level are
 11 they on? That would have been Dr. Borrego at the time.
 12 A Right. I mean, I've known Bart -- I actually
 13 recruited Dr. Borrego out of his training when I was at
 14 the Health Care District in 1991.
 15 Q Okay.
 16 A I've known him quite well over the years,
 17 collaborated with him on many, many issues.
 18 Q All right. What was his -- was his position
 19 equal to yours?
 20 A No. He's a contract to the service.
 21 Q All right. But he has contracts with both the
 22 hospital and with the Health Care District, does he
 23 not?
 24 A Yes.
 25 Q Well, his group does?

www.phippsreporting.com
 888-811-3408

- 1 A No. We just met this morning.
 2 Q All right.
 3 All right. Have you met with any other
 4 lawyers? I don't mean the lawyers Mr. Webber's firm.
 5 I mean lawyers with other firms about this case?
 6 A No.
 7 Q Do you have a personal attorney?
 8 A No.
 9 Q All right. Well, Mr. Webber's firm represents
 10 Tenet. Do you have -- my question was: Do you have
 11 your own attorney?
 12 A No.
 13 Q The -- when did you first hear about this case
 14 as a legal matter, not a medical matter?
 15 A Right after it was filed, the suit was filed.
 16 I don't remember when that was.
 17 Q All right. And -- and how did you the hear
 18 about it?
 19 A From St. Mary's.
 20 Q And who contacted you from St. Mary's?
 21 A I believe it was the risk manager.
 22 Q Who was that?
 23 A I'm trying to remember the guy's name. I
 24 don't remember his name.
 25 Q Okay. And what did the risk manager convey to

www.phippsreporting.com
 888-811-3408

1 you?

2 A That the suit had been filed.

3 Q And anything else? Did they send a copy of
4 the complaint? The complaint is the --

5 A Yes.

6 Q -- the paperwork that starts a lawsuit.

7 A I think he did.

8 Q All right. Did you get other materials? That
9 is, before you can start a medical negligence case,
10 people have to have an affidavit, and they have to have
11 a letter of intent to sue, and then the defense has to
12 respond. Did you get those documents?

13 A I don't recall. I might have. I mean, I have
14 a folder of the material I received from the hospital
15 when that came. But ...

16 Q Okay. And when did the -- when did Tenet say
17 that they would represent you?

18 MR. WEBBER: Objection.

19 You can answer.

20 THE WITNESS: I don't recall. It was
21 relatively early on.

22 BY MR. BARNHART:

23 Q All right. Did they tell you why they would
24 represent you?

25 A Well, since I was employed by

www.phippsreporting.com
888-811-3408

1 A I was only involved with one phone call with
2 Dr. Lopez.

3 Q You were called -- we're going to pull them
4 out and go through them. But you were called, you
5 know, whatever the number is, three, four times.

6 A I had one phone call with Dr. Lopez.

7 Q Okay. You were called by a nurse who is
8 the -- I guess the transfer agent?

9 A Yes.

10 Q What's her position?

11 A She's the transfer center nurse --

12 Q All right.

13 A -- on duty at that time.

14 Q And these telephone calls are recorded, aren't
15 they?

16 A Yes.

17 Q All right. So let's go -- I mean, we might as
18 well go to them since we're talking about them.

19 Did you -- when these telephone calls were
20 going on, and then later on, did you actually find out
21 that Ashley Perez had died the next day -- well,
22 shortly after that? She didn't die that day, but she
23 died a day or so after that.

24 A Well, it was foregone conclusion she was going
25 to die because she came in brain dead.

www.phippsreporting.com
888-811-3408

1 St. Mary's/Tenet, it was their responsibility.

2 Q All right. Let me take you to this case
3 dealing Ashley Perez. Do you remember this case?

4 A Quite well.

5 Q Okay. Did you remember it -- certainly
6 reading the transcripts of the telephone calls would --
7 would refresh your memory. But did you refer -- did
8 you remember it before you looked over the telephone
9 calls and before you got the first call from the risk
10 manager?

11 A Yes.

12 Q All right. And why is it that you remembered
13 this case? You must have had hundreds, maybe thousands
14 of interactions with transferred patients or other
15 issues in the hospital. Why this case?

16 A Because this is the most egregious case of
17 gross negligence I have ever encountered by Dr. Roberto
18 Lopez.

19 Q All right. So it was your feeling, then,
20 that -- when did you come to that conclusion, by the
21 way?

22 A The day it happened.

23 Q Okay. Well, you were involved in a number of
24 telephone calls with Dr. Lopez. Did you ever express
25 that to him?

www.phippsreporting.com
888-811-3408

1 Q Did you actually examine her?

2 A No.

3 Q All right. So that's -- that's an opinion you
4 got from somebody else; correct?

5 A Yes.

6 Q Yes. All right. So let's -- let's confine
7 yourself, if you could, to what you actually know.

8 Did you know at the time, you know, the day or
9 the day after, that she had died?

10 A Did I know? Say that again?

11 Q Sure. So she comes into the hospital. It's
12 actually on the 22nd. It's the middle of the night,
13 but it goes from the 21st to the 22nd. Surgery is done
14 the next morning with Dr. Henderson and Dr. Lopez, and
15 then she dies the next day or the day after.

16 Did you know at roughly about that time that
17 she had died?

18 A Yes.

19 Q How -- how is it that that was brought to your
20 attention?

21 A I think, again, the risk manager told me, but
22 I'm not sure.

23 Q All right. Did you participate in a root
24 cause analysis in this case?

25 A I did not participate in the root cause

www.phippsreporting.com
888-811-3408

1 analysis; I did participate in the peer review analysis
2 of that and the meeting with the medical executive
3 committee regarding Dr. Lopez's privileges.

4 **Q** Okay. Did -- was a root cause analysis
5 conducted?

6 **A** I don't recall.

7 **Q** All right. So let me take you, if I could,
8 to -- before we get to the telephone calls, you know
9 this young lady, Ashley, was transferred from
10 Wellington to St. Mary's?

11 **A** Right.

12 **Q** Right. And procedures -- there are
13 procedures; right? And there are documents dealing
14 with transfers and acceptance of a patient transfer;
15 correct?

16 **A** Correct.

17 **MR. BARNHART:** All right. So let me show you,
18 and then we'll mark this as Exhibit 1, Ms. Court
19 Reporter. It's called Acceptance of Patient
20 Transfer, and there's, oh, four -- four pages.

21 (Plaintiffs' Exhibit No. 1 was marked for
22 identification.)

23 **BY MR. BARNHART:**

24 **Q** Okay. These -- take a -- take a look at these
25 four documents -- well, it's four pages of one

www.phippsreporting.com
888-811-3408

1 **A** Correct.

2 **Q** And so St. Mary's spells it out, if Wellington
3 has any issues or any doubt as to who's responsible for
4 providing medical treatment before the transfer that
5 minimizes the risk to the patient's health; would you
6 agree with that?

7 **A** Can you rephrase that?

8 **Q** Sure. The transferring hospital, Wellington,
9 has to provide medical treatment that minimizes the
10 risk to the patient's health, according to the
11 St. Mary's documents of transfer?

12 **A** Yes.

13 **Q** All right. And that's pretty important, isn't
14 it? Because it's Wellington's job or whatever
15 transferring hospital's job to make sure that you
16 minimize risk to the patient while they're on your
17 watch or while they're in your facility?

18 **MS. SCHOENTHAL:** Form.

19 **COURT REPORTER:** Who was that?

20 **MS. SCHOENTHAL:** That was Elizabeth
21 Schoenthal.

22 **THE WITNESS:** Well, that's -- yeah, that's
23 pretty standard.

24 **BY MR. BARNHART:**

25 **Q** It is standard, because St. Mary's, the

www.phippsreporting.com
888-811-3408

1 document, actually. And the first -- the first page
2 says "Acceptance of Patient Transfer." Do you see
3 that?

4 **A** Yes.

5 **Q** All right. These -- these are forms --
6 they're St. Mary's forms, are they not?

7 **A** Yes.

8 **Q** All right. And according to this, if you turn
9 this upside-down, there's a fax here, a fax date and
10 time, April 21st, 2014?

11 **A** Correct.

12 **Q** And 9:23, nursing admittance staff?

13 **A** Administrative staff.

14 **Q** Administrative staff.

15 All right. So at this point, at 9:23 p.m.,
16 St. Mary's had accepted Ashley Perez as a transfer;
17 correct?

18 **A** Yes.

19 **Q** All right. Do you see the first bullet point
20 on Page -- well, it's really the first page. And so
21 the transferring hospital -- just so we get our
22 nomenclature right, the transferring hospital is
23 Wellington; right?

24 **A** Correct.

25 **Q** And the transferor hospital is St. Mary's?

www.phippsreporting.com
888-811-3408

1 transfer -- the transferor hospital, the hospital
2 that's getting the patient, can't be responsible for
3 treating a patient that's not even in their facility.

4 **A** Correct.

5 **Q** All right.

6 **MS. SCHOENTHAL:** Form.

7 **BY MR. BARNHART:**

8 **Q** So one of the responsibilities, if you're
9 transferring a patient, is once the decision is made to
10 transfer and once St. Mary's says, okay, we'll take
11 her, is to get that patient to St. Mary's as quickly as
12 they can?

13 **A** Correct.

14 **MS. SCHOENTHAL:** Form.

15 **BY MR. BARNHART:**

16 **Q** All right. Did you come to learn that it took
17 about six and a half hours after this for Wellington to
18 get this patient into the doors of St. Mary's?

19 **MS. SCHOENTHAL:** Form.

20 **THE WITNESS:** I did know there was a prolonged
21 time. I don't know -- I don't recall it being
22 exactly six hours.

23 **BY MR. BARNHART:**

24 **Q** Well, it's not exactly six hours. It's about
25 six and a half hours.

www.phippsreporting.com
888-811-3408

- 1 A Okay.
- 2 Q All right. So --
- 3 MS. SCHOENTHAL: Form.
- 4 BY MR. BARNHART:
- 5 Q -- have you ever heard time is of the essence
- 6 in certain medical conditions?
- 7 A Yes.
- 8 Q And does that mean it's better -- what does
- 9 that mean to you, as a doctor? I mean, you were an
- 10 emergency room physician before you became an
- 11 administrator. What does time is of the essence mean
- 12 to an emergency patient?
- 13 A First and foremost, federal law requires that
- 14 all patients that are transferred must be stable for
- 15 transfer. It's my understanding this patient was not
- 16 stable for transfer and had, in fact -- in fact,
- 17 arrested multiple times at Wellington --
- 18 Q So you --
- 19 A -- so, therefore, was not stable for transfer,
- 20 despite what Dr. Lopez told me on the phone, that she
- 21 was very stable.
- 22 Q Well, let me go back a little bit. You
- 23 understood that she arrested multiple times at
- 24 Wellington?
- 25 A More than once, put it that way.

www.phippsreporting.com
888-811-3408

- 1 Q You don't know. Okay.
- 2 So it was your impression that she was
- 3 unstable?
- 4 A Yes.
- 5 Q For how long?
- 6 A Well, she was -- she was unstable prior to
- 7 arrival at St. Mary's.
- 8 Q For how long, though?
- 9 A She was unstable when she arrived at
- 10 St. Mary's.
- 11 Q How long was she unstable at Wellington?
- 12 A I don't know. I don't have their records.
- 13 Q All right. So that -- that -- you just
- 14 sum- -- you just surmised, have you not?
- 15 MR. WEBBER: Objection to form.
- 16 BY MR. BARNHART:
- 17 Q You don't really have a basis to say that, do
- 18 you?
- 19 A I have plenty of basis to say it. That's what
- 20 I do, I collect information from multiple sources. And
- 21 I don't document exactly where I heard it from each
- 22 time to make it convenient for you to find out.
- 23 Q Well, so it's important that you have a basis
- 24 for opinions, because you've given us some opinions
- 25 that we've never seen in the records.

www.phippsreporting.com
888-811-3408

- 1 Q Where did you get that information?
- 2 A I don't recall.
- 3 Q Did you look at the Wellington records?
- 4 A No.
- 5 Q Did you read it someplace?
- 6 A Well, in fact, I read it today, and Dr. Lopez
- 7 told Dr. Borrego on the phone that she had arrested.
- 8 Q Right. She did. She had -- there was a code
- 9 called.
- 10 A Well, that's how I know.
- 11 Q Well, you said multiple times.
- 12 A I knew it was more than once before she got to
- 13 St. Mary's that she arrested.
- 14 Q How do you know it was more than once?
- 15 A I was told that she arrested even in the
- 16 ambulance.
- 17 Q Oh, really?
- 18 A Really.
- 19 Q Who told you that?
- 20 A I don't recall.
- 21 Q Would that be in the records -- that's
- 22 important, isn't it, if somebody arrests in an
- 23 ambulance?
- 24 A It's probably in the ambulance company's
- 25 records. I don't know.

www.phippsreporting.com
888-811-3408

- 1 Do you know how many times or at what time she
- 2 had these multiple arrests?
- 3 A No.
- 4 Q Do you know if they were ever diagnosed as
- 5 multiple arrests at Wellington?
- 6 A Well, Dr. Lopez tells Dr. Borrego that she
- 7 arrested at Wellington and then turns around and tells
- 8 me that she didn't arrest, that she was rock stable.
- 9 Q Well, we're going to -- we're going to cover
- 10 those -- those telephone calls.
- 11 But I want to -- I want to know when and how
- 12 many times, based on your memory, that you believe she
- 13 arrested at Wellington.
- 14 A More than once.
- 15 Q More than -- well, I mean, that could be two,
- 16 three, four.
- 17 A It could be. I don't know the exact number.
- 18 Q You don't know.
- 19 Do you know if she was stabilized? Was she
- 20 treated for an arrest?
- 21 A Not appropriately.
- 22 Q Well, do you know who was treating her when
- 23 the arrest occurred?
- 24 A Dr. Lopez was the treating physician, and the
- 25 appropriate treatment would have been taking her to the

www.phippsreporting.com
888-811-3408

1 operating room at Wellington to treat her.
 2 **Q Do you know who --**
 3 A And that -- that was not done.
 4 **Q Do you know --**
 5 A That was the appropriate resuscitation.
 6 **Q Do you know who was treating her when she**
 7 **arrested? That was my question.**
 8 A No.
 9 **Q All right. Do you know if Dr. Lopez was even**
 10 **there when she suffered an arrest?**
 11 A Well, if he wasn't there, he should have been
 12 there. When your patient goes downhill right after you
 13 operate on them, you should be there.
 14 **Q Do you know how long she arrested after the**
 15 **surgery took place?**
 16 A No, I don't know the exact number. A few
 17 hours.
 18 **Q Well, are you saying that a surgeon is**
 19 **supposed to wait by his patient's side just so that**
 20 **they're sure --**
 21 A What I'm saying is --
 22 **Q Hold on.**
 23 **-- just so that a complication does not occur?**
 24 MR. WEBBER: Objection to form.
 25 THE WITNESS: What I'm saying is, at the first

www.phippsreporting.com
 888-811-3408

1 And I want you to let me know if you agree with this:
 2 Dr. Goad said, "I don't do livers," and so he didn't
 3 come in. But I asked him the same question I asked you
 4 about --
 5 MS. SCHOENTHAL: Form.
 6 BY MR. BARNHART:
 7 **Q -- time being the essence.**
 8 MR. PUYA: Join.
 9 BY MR. BARNHART:
 10 **Q And he said, "Yeah, that means they need to be**
 11 **transferred as quickly as they can."**
 12 **Do you agree with that?**
 13 MS. SCHOENTHAL: Form.
 14 MR. WEBBER: Objection to form.
 15 MS. SCHOENTHAL: Form.
 16 THE WITNESS: No, I don't agree with that.
 17 BY MR. BARNHART:
 18 **Q All right. I want you to further assume that**
 19 **Dr. Goad said when I asked him if he knew that it took**
 20 **about six and a half hours to transfer this patient --**
 21 **if he said, "That's too long," do you agree with that?**
 22 MR. SCHOENTHAL: Form.
 23 THE WITNESS: Generally, if the patient is --
 24 needs to be transferred for an emergency condition,
 25 time is of the essence. If the patient is not

www.phippsreporting.com
 888-811-3408

1 sign your patient starts to deteriorate after a
 2 surgery, you, as a surgeon, should be there because
 3 that is an emergency, and you should be there
 4 within 30 minutes.
 5 BY MR. BARNHART:
 6 **Q Well, you don't know if he was called and got**
 7 **there within 30 minutes or not, do you?**
 8 A No, I don't.
 9 **Q All right. So do you know if she was stable,**
 10 **stabilized by either the anesthesiologist or the**
 11 **intensivist at Wellington?**
 12 A She may be been temporized, but not
 13 stabilized.
 14 **Q Temporized. What's the difference between**
 15 **that and stabilized?**
 16 A Well, if the patient is bleeding and you
 17 replace the blood volume, that's temporizing. To
 18 actually stop the bleeding is stabilization.
 19 **Q Let me ask you if you agree with -- do you**
 20 **know who Dr. Goad is in this case?**
 21 A No.
 22 **Q Do you know who he is anyway?**
 23 A No.
 24 **Q All right. So Dr. Goad was the general**
 25 **surgeon at Wellington. He was the on-call surgeon.**

www.phippsreporting.com
 888-811-3408

1 stable, they should never be transferred.
 2 BY MR. BARNHART:
 3 **Q Okay. And whether she was stable enough to be**
 4 **transferred, you haven't looked at those records, and**
 5 **you don't have a personal opinion; correct?**
 6 A I have plenty of personal opinions.
 7 **Q Oh, you have -- I do know you have plenty of**
 8 **personal opinions. But you don't have an opinion based**
 9 **on the Wellington records, do you, sir?**
 10 A No.
 11 **Q All right. Now, so based upon this document,**
 12 **the Wellington people had the obligation to minimize**
 13 **the patient's risk, and --**
 14 MS. SCHOENTHAL: Form.
 15 BY MR. BARNHART:
 16 **Q -- risk to the patient's health; correct?**
 17 MS. SCHOENTHAL: Form.
 18 MS. SAPERSTEIN: Join.
 19 MS. SCHOENTHAL: Can we do one objection?
 20 Objection from someone is an objection for all?
 21 MS. SAPERSTEIN: Sure.
 22 COURT REPORTER: Okay. Who was the second
 23 lady that was speaking?
 24 MR. BARNHART: I have no idea.
 25 COURT REPORTER: Who just said, "Sure"?

www.phippsreporting.com
 888-811-3408

1 MR. WEBBER: I think that was Paige.
 2 MS. SAPERSTEIN: It was Paige Saperstein,
 3 Paige.
 4 MR. BARNHART: Okay.
 5 MR. WEBBER: And do you have any objection?
 6 MR. BARNHART: No. One will work.
 7 MR. WEBBER: Okay.
 8 COURT REPORTER: Okay. So who is it going to
 9 be?
 10 MR. BARNHART: That's a good point. So
 11 what --
 12 (Discussion off record.)
 13 MR. BARNHART: All right. Let me get back.
 14 You don't need to read back. I'll just do it
 15 again.
 16 COURT REPORTER: Okay.
 17 BY MR. BARNHART:
 18 Q So getting back to the conditions under which
 19 St. Mary's is willing to accept transferred patients,
 20 the transferring hospital has an obligation if they
 21 want to transfer somebody, a patient to St. Mary's, to
 22 minimize the risk to the patient's health.
 23 That's true, isn't it?
 24 A Yes.
 25 Q All right. The -- could you turn to the next

www.phippsreporting.com
 888-811-3408

1 Hospital."
 2 Do you see that?
 3 A Yes.
 4 Q All right. And that was the reason that was
 5 communicated to St. Mary's and the basis for their
 6 acceptance, or one of their bases?
 7 MS. SCHOENTHAL: Form.
 8 MS. SAPERSTEIN: Form.
 9 BY MR. BARNHART:
 10 Q Correct?
 11 A Yes.
 12 Q All right. So did you ever find out --
 13 because the telephone -- we're going to go through the
 14 telephone calls in a minute. But the telephone calls
 15 took place much earlier in the evening, and they took
 16 place right after the acceptance. The acceptance was
 17 9:23. The telephone calls, oh, they go on into the
 18 10:00, 10:30, 10:40 at night, that range.
 19 Were you ever notified that Ashley Perez
 20 didn't show up until about 3:00 o'clock in the morning,
 21 the following morning?
 22 A I was notified, but I don't remember exactly
 23 when I was notified.
 24 Q Was it at 3:00? Because we have your phone
 25 records. I don't see any phone calls at 3:00.

www.phippsreporting.com
 888-811-3408

1 page, please, sir.
 2 A (Complies.)
 3 Q Okay. So St. Mary's received all these four
 4 pages as part of the transfer; correct?
 5 A Yes.
 6 Q And on Page 2, it doesn't really say Page 2;
 7 it says Page 1 of 2. But it's Page 2 of our group.
 8 It says number -- do you see Question No. 3?
 9 A Yes.
 10 Q All right. And the question is, "Do you
 11 believe that this patient has an Emergency Medical
 12 Condition that requires stabilization that is
 13 unavailable at your facility?" "Yes" or "No" is not
 14 checked, but the EMC, the emergency condition, is
 15 "Possible Ruptured Liver"; correct?
 16 A That's what it says.
 17 Q All right. And that was the reason that --
 18 well, at least at that point, that St. Mary's was
 19 accepting her as an emergency transfer; correct?
 20 A Yes.
 21 Q All right. And then if you could turn to the
 22 next page, there's a Question No. 8. And it says
 23 "Reason for Transfer Request," and the -- there's an X
 24 in the "Other" box, and it says "Explain: On call
 25 general surgeon recommends transfer to St. Mary's

www.phippsreporting.com
 888-811-3408

1 A I think it was the next morning that I found
 2 out that she got --
 3 Q Like during the working day?
 4 A Right.
 5 Q All right.
 6 A But I'm not positive.
 7 Q Fair enough.
 8 The -- so you know that these -- these
 9 telephone calls are recorded; correct?
 10 A Yes.
 11 Q And the -- what's the basis -- what's the
 12 reason for recording the emergen- -- the transfer phone
 13 calls?
 14 A To keep the transferring hospital honest. And
 15 conversations with physicians, sometimes people will
 16 say things in the middle of the night that they don't
 17 recall later or --
 18 Q Okay. You mean things -- you mean things like
 19 a transfer -- a transferring hospital may want to dump
 20 its patients, that sort of thing?
 21 A The hospital may rip -- misrepresent what's
 22 actually going on with patients.
 23 Q That is, the hospital that's transferring in
 24 to St. Mary's?
 25 A Right.

www.phippsreporting.com
 888-811-3408

- 1 Q All right. And, actually, in some of these
2 phone calls, the nurse informed the participants that
3 it was being recorded?
4 A They always do, yes.
5 Q All right. You said you'd looked over phone
6 calls. Did you look over them all?
7 A No. Just the ones that involved me.
8 Q All right. And did you know that the nurse
9 involved, the transfer nurse, also keeps sort of a
10 running tab of the -- the conversations?
11 A Yes.
12 Q It's like a -- almost like a court reporter;
13 it's a narrative and it has times and that sort of
14 thing?
15 A Yes.
16 Q Did you review those?
17 A No.
18 Q All right. Well, let's -- let's start. So
19 there are a fair number of these telephone calls that
20 are recorded, and they start -- well, it's difficult to
21 tell because they have different times. But Erica
22 Filippone, do you remember her?
23 A Yeah, quite well.
24 Q All right. Is she still at the hospital, as
25 far as you know?

www.phippsreporting.com
888-811-3408

- 1 Q All right.
2 A It has to be physician to physician.
3 Q Well, who would the physician be at
4 St. Mary's?
5 A In this case, it was him because he
6 transferred -- I told him on the phone call I had with
7 him that he could transfer the patient to his own
8 service since he had privileges at both hospitals.
9 Q Okay. But he didn't have -- he did not have
10 privileges to handle ICU patients, did he?
11 A He had privileges to write orders on his
12 patients in ICU.
13 Q Okay. So if Erica thought otherwise, she
14 would be wrong?
15 A He -- this is a little bit misleading. He can
16 write orders on his patients in the ICU. But as far as
17 the overall management of the patient, it has to be
18 another physician.
19 Q Right. He cannot admit to the ICU, can he?
20 A He can, but he has to have another physician
21 oversee the care.
22 Q Well, right. I mean, he can't just
23 willy-nilly say, All right, Mrs. Smith is going to go
24 to the ICU? He has to have an intensivist or a
25 critical care specialist or a trauma surgeon who is

www.phippsreporting.com
888-811-3408

- 1 A I don't know.
2 Q So they have -- the first phone call is a call
3 with -- between her and Dr. Lopez, and he wants to
4 transfer a patient. Did you -- did you read over that?
5 A No.
6 Q Okay. And did you see -- well, let me -- let
7 me just go through this. He calls, and he says, "This
8 is Dr. Lopez." And he explains that she may have a
9 ruptured liver from HELLP syndrome and she's
10 postpartum.
11 And Erica, the nurse, right, says, "Are you
12 going to assume care over here?"
13 And he says, "I'll accept her. She's going to
14 need an ICU bed."
15 And that apparently gets the process going.
16 A Right.
17 Q Right? That's what you -- you have?
18 A Right.
19 Q Are most calls made by physicians or nurses
20 from the transferring hospital or somebody else,
21 administrators?
22 A It has to be the physician.
23 Q Okay. Is that part of the rules of
24 St. Mary's?
25 A Yes.

www.phippsreporting.com
888-811-3408

- 1 willing to take that patient; correct?
2 A The hospitalist.
3 Q The hospitalist will do it, too, any of those
4 folks?
5 A Right.
6 Q All right. Let me give that to you.
7 Who is Chauncey; do you know?
8 A Who?
9 Q Chauncey.
10 A No clue.
11 Q Somebody at Wellington? No idea?
12 A No idea.
13 Q All right.
14 Okay. We come up to a conversation with Erica
15 Filippone and Brenda, who is a trauma nurse; right?
16 A I don't know. What's the last name?
17 Q I don't know. It just says "Erica, it's
18 Brenda."
19 All right. So Erica is talking to her about
20 this. She talks about the call from Dr. Lopez. And
21 Erica says -- and I want to you tell me if this is
22 right or not. "Dr. Lopez called and told me he was
23 going to be the accepting. Then about ten minutes ago
24 he said, 'Oh, but I don't have privileges to do ICU.
25 I'm only an OB, so it would have to be the

www.phippsreporting.com
888-811-3408

1 intensivist.' And I said, 'Okay. It will be the
2 hospitalist, then, because she has Medicaid.'
3 The hospitalist is one of those people who
4 Dr. Lopez or another OB/GYN doctor would have to
5 transfer to; correct?

6 A He's transferring the patient to his own
7 service, but he has to get the hospitalist to co-manage
8 because they have ICU privileges to manage the
9 patients.

10 Q All right. And he doesn't have ICU
11 privileges -- privileges to manage ICU patients,
12 just --

13 A Correct. Just to write orders on his
14 patients.

15 Q All right. What --

16 A The OB -- the OB aspects.

17 Q All right. She said "Okay. It will be the
18 hospitalist, then, because she has Medicaid."

19 What does Medicaid have to do with it?

20 A That means the patient doesn't have an
21 assigned internal medicine physician who's on staff at
22 St. Mary's.

23 Q How can you tell that by her being Medicaid,
24 being a participant in the Medicaid program?

25 A It's pretty easy because we don't really have

www.phippsreporting.com
888-811-3408

1 nurse?

2 MR. WEBBER: Objection to the form.

3 You can answer it.

4 THE WITNESS: Normally it's just one or two
5 phone calls.

6 BY MR. BARNHART:

7 Q Okay. So then we come to the telephone call
8 between -- well, Erica is on it, I guess because she's
9 connecting phone calls.

10 A Right.

11 Q And it's Dr. -- and now she's with
12 Dr. El-Haddad. And you know Dr. El-Haddad, do you not?

13 A Yes.

14 Q All right. Did you know him pretty well back
15 then?

16 A Yes.

17 Q So Erica says, "Hi, there. I'm going to get
18 you connected with Dr. Lopez. He's one of our
19 obstetricians. He has a patient at Wellington. He
20 wants to speak with you."

21 And Dr. El-Haddad says, "I'm not talking to
22 anyone."

23 Is that an appropriate response for an on-call
24 physician?

25 MR. PUYA: Form.

www.phippsreporting.com
888-811-3408

1 any primary care physicians on staff at St. Mary's. We
2 have the hospitalist. But there's only a couple of
3 primary care physicians, like two, maybe three, that
4 are on staff at St. Mary's.

5 Q All right.

6 A So the unassigned patient automatically goes
7 to a hospitalist.

8 Q All right. So then Dr. Lopez calls and speaks
9 with Erica. And so he spoke with the trauma nurse,
10 with Brenda. And Erica says "Because she just called
11 me, we're going to have to get you connected with
12 Dr. El-Haddad because he's the trauma surgeon."

13 And Dr. Lopez said, "Okay, fine. Have him" --
14 "have him call me."

15 And then we're working up, and then there's a
16 continued phone call, another phone call between Dr. --
17 I mean Dr. Lopez and Nurse Filippone, and they're
18 basically trying to get things going. And Erica says,
19 "We've got to get this figured out as to who exactly is
20 going to do the admitting, the overseeing, and all that
21 kind of stuff."

22 So we now have had a number telephone calls
23 with Dr. Lopez and apparently Nurse Erica Filippone.
24 So would that be the normal, that you would have a
25 physician have so many phone calls with the transferor

www.phippsreporting.com
888-811-3408

1 MR. WEBBER: Object to the form.

2 That was Keith Puya.

3 THE WITNESS: I don't know -- have any point
4 of reference as to what that was -- what he was
5 talking about.

6 BY MR. BARNHART:

7 Q And then he says -- and Erica says, "You're
8 not?"

9 And he says, "Except if it's a trauma. Is it
10 a trauma?"

11 And Erica says, "She has HELLP syndrome with a
12 possible liver rupture. She's postpartum from today."

13 MR. PUYA: Excuse me. May I -- may I ask a
14 question? Are you reading from the transcript?

15 MR. BARNHART: Yes, I am.

16 MR. PUYA: Greg?

17 MR. BARNHART: Yes, I am, Keith.

18 MR. PUYA: Well, then let me just object.

19 BY MR. BARNHART:

20 Q Okay. So Dr. El-Haddad says, "That's going to
21 be general surgery on call." And then El-Haddad says,
22 "I don't know who general surgery is."

23 And Erica says, "It's Dr. Henderson."

24 Let me talk about that conversation, assuming
25 that it's accurately transcribed. What do you think

www.phippsreporting.com
888-811-3408

1 about this conversation --

2 MR. WEBBER: Objection to form.

3 BY MR. BARNHART:

4 Q -- as chief medical officer at the time?

5 A Perfectly appropriate. There was nothing
6 about that patient that made her a trauma patient.

7 Q Um-hum.

8 A There was no injury caused by an external
9 force, which is what's required to be a trauma patient.

10 Q Well, we talked earlier about the two jobs
11 that trauma surgeons have: Clearly trauma, like a car
12 wreck or a plane crash or something like that; right?

13 A Right.

14 Q Gunshots, that sort of thing.

15 But they also take care of critical care
16 patients, do they not?

17 A Only critical care trauma patients.

18 Q All right. So that's your position, that
19 you -- they can walk right by a critical care patient,
20 as -- so long as that patient's critical needs were not
21 caused by some traumatic event?

22 MR. WEBBER: Objection to the form of the
23 question.

24 THE WITNESS: They're only required -- they're
25 only supposed to take care of patients while

www.phippsreporting.com
888-811-3408

1 THE WITNESS: Again, that -- not by the state
2 law that defines what a trauma patient is.

3 BY MR. BARNHART:

4 Q Iatrogenic events, you understand, are caused
5 by medical personnel?

6 A Correct.

7 Q All right. And medical personnel deal with
8 sharp instruments; right?

9 A You know, can you slice or dice this anyway
10 you want, but there's no way that that's a trauma
11 patient.

12 Q That's an interesting use of verbs.

13 Do you -- can -- in this case, particularly,
14 if there was a bleed -- and there was a bleed, wasn't
15 there?

16 A From the ovarian artery, yes.

17 Q Right. And if not treated, a bleed from an
18 artery, and particularly an ovarian artery, will
19 cause -- can cause organ damage?

20 A Yes.

21 Q And if untreated or not treated soon enough,
22 it can cause brain damage?

23 A Sure.

24 Q And if not treated soon enough, it can cause
25 death?

www.phippsreporting.com
888-811-3408

1 they're on call that are trauma patients.

2 BY MR. BARNHART:

3 Q Okay. Is a lacerated artery a traumatic
4 event?

5 A Usually.

6 Q All right. Did you know that Ashley Perez had
7 a lacerated artery?

8 A Whoa, whoa, whoa.

9 MR. PUYA: Form.

10 THE WITNESS: She had a suture that came off
11 her ovarian artery.

12 BY MR. BARNHART:

13 Q How do you know that?

14 A I don't recall, but that's what happened.

15 Q Okay. Do you know whether it was lacerated or
16 there was a deligature?

17 A No way. There is no way that's a trauma
18 patient.

19 Q Well, I mean --

20 A For a state law, national standards, the
21 county ordinance, the contract, any way you slice it,
22 there's no way that's a trauma patient.

23 Q Can someone be traumatically injured by an
24 iatrogenic event?

25 MR. WEBBER: Objection to form.

www.phippsreporting.com
888-811-3408

1 A Sure.

2 Q All right. Did you know that the general
3 surgeon at Wellington said they don't take care of
4 livers?

5 MR. WEBBER: Objection to form.

6 MS. SAPERSTEIN: Form.

7 THE WITNESS: I heard that.

8 MS. SAPERSTEIN: This is Paige.

9 BY MR. BARNHART:

10 Q Okay. Do you know if Dr. Henderson felt the
11 same way, even though he later went in -- to his
12 credit, he later went in to operate on this young lady.
13 But he said that he was not qualified to treat livers?

14 MR. WEBBER: Objection to form.

15 BY MR. BARNHART:

16 Q Or at least didn't have privileges. Did you
17 know that?

18 A No.

19 Q All right. Well, were the general surgeons at
20 St. Mary's credentialed to treat liver ruptures?

21 A Yes.

22 Q They were?

23 A Yes.

24 Q Do you know who was second after
25 Dr. Henderson, that is the second on-call general

www.phippsreporting.com
888-811-3408

- 1 surgeon?
- 2 A There's only one on-call general surgeon.
- 3 Q Well, what if he's in a car wreck or if he's
- 4 sick or if he's in surgery someplace else?
- 5 A Well, when you're on-call at St. Mary's,
- 6 you're not allowed to take call anywhere else.
- 7 Q Well, what if he had a heart attack?
- 8 A Then he has -- it's his responsibility to
- 9 provide coverage. If not, it defaults to the chief of
- 10 surgery to find someone else to cover.
- 11 Q And who was the chief of surgery at that
- 12 point?
- 13 A Dr. Kaplan, I believe.
- 14 Q Okay. Did anybody call him?
- 15 A No.
- 16 Q Okay. Did you know that the general surgeon
- 17 at -- at Wellington who didn't come in had -- had
- 18 treated liver ruptures before?
- 19 MR. WEBBER: Objection to the form.
- 20 MS. SAPERSTEIN: Form. This is Paige.
- 21 THE WITNESS: It's kind of a hypothetical
- 22 because she didn't have a liver rupture.
- 23 BY MR. BARNHART:
- 24 Q Did you know -- can you answer my question?
- 25 A I don't know anything about Dr. Goad.

www.phippsreporting.com
888-811-3408

- 1 they had the two doctors, doctor to doctor; right?
- 2 A Okay.
- 3 Q And is a doctor-to-doctor conversation an
- 4 important conversation?
- 5 A Yes.
- 6 Q All right. It's the highest level of -- of
- 7 consultation, is it not?
- 8 A Yes.
- 9 Q All right. So Dr. Lopez either knew or should
- 10 have known that, and Dr. El-Haddad either knew or
- 11 should have known that?
- 12 A Yes.
- 13 Q All right.
- 14 MR. PUYA: Form.
- 15 BY MR. BARNHART:
- 16 Q All right. So we -- Doc -- Nurse Filippone
- 17 says, "Everybody remember, we're recorded." So I take
- 18 it she was doing her job.
- 19 A Okay.
- 20 Q And so Dr. Lopez explains what happened. He
- 21 says, "Tonight at about 6:30 or so she compensated. A
- 22 code blue was called. She was intubated. She was put
- 23 on pressors."
- 24 Those are vasopressors; correct?
- 25 A Yes.

www.phippsreporting.com
888-811-3408

- 1 Q Okay. Well, did you know that he had worked
- 2 as a trauma surgeon before?
- 3 MR. WEBBER: Objection to form.
- 4 THE WITNESS: I told you, I don't know --
- 5 MS. SAPERSTEIN: Form.
- 6 THE WITNESS: -- anything about Dr. Goad.
- 7 BY MR. BARNHART:
- 8 Q Okay. Would it surprise you to know that he
- 9 had worked as a trauma surgeon and general surgeon
- 10 before this?
- 11 MR. WEBBER: Objection to form.
- 12 MS. SAPERSTEIN: Form. This is Paige.
- 13 THE WITNESS: No.
- 14 BY MR. BARNHART:
- 15 Q All right. So did you look over the
- 16 transcript? You've looked over transcripts, right, of
- 17 the phone calls?
- 18 A A few of them, yes.
- 19 Q All right. Did you actually listen to the
- 20 phone calls or just look at the transcripts?
- 21 A Just looked at the transcripts.
- 22 Q All right. So the next one we're coming to is
- 23 Nurse Filippone; Berto Lopez, Dr. Berto Lopez; and
- 24 Ahmed El-Haddad, Dr. El-Haddad. And so that is a
- 25 conversation that's arranged by Nurse Filippone, and

www.phippsreporting.com
888-811-3408

- 1 Q All right. Vasopressors constrict the
- 2 vasculature to try and staunch bleeding; that's the
- 3 effect, essentially?
- 4 A Yes.
- 5 Q All right. But that buys you hours and not
- 6 days?
- 7 A Correct.
- 8 Q So she's in the ICU at Wellington. He says,
- 9 "An ultrasound of the upper abdomen appears to show
- 10 blood around the liver, which is suspicious for a
- 11 rupture of a Glisson's capsule. And there's no general
- 12 surgeon there that will deliver."
- 13 All right. So he clearly tells Dr. El-Haddad
- 14 and the nurse at St. Mary's that there was a code;
- 15 correct?
- 16 MR. WEBBER: Objection to form.
- 17 THE WITNESS: Correct.
- 18 BY MR. BARNHART:
- 19 Q He uses a code, not multiple codes; correct?
- 20 MR. WEBBER: Objection to the form.
- 21 THE WITNESS: I'll take your word for it.
- 22 BY MR. BARNHART:
- 23 Q Okay. You can do that. I just want to make
- 24 sure I read it correctly. "A code blue was called"?
- 25 A We don't call multiple code blues at the same

www.phippsreporting.com
888-811-3408

1 time.
 2 **Q** You can call multiple code blues at the same
 3 time, and you're calling --
 4 **A** I said you don't call multiple code blues at
 5 the same time.
 6 **Q** No. But if he's giving another physician a
 7 history and she's had multiple codes, he should
 8 communicate that; correct?
 9 **A** That was probably the only code she had at
 10 that time.
 11 **Q** Okay. She's --
 12 **A** It doesn't mean she didn't have any after
 13 that.
 14 **Q** And that's a -- that's a guess on your part,
 15 because this phone call took place --
 16 **A** That's an educated guess.
 17 **Q** It's an educated guess? This phone call takes
 18 place after 10:00 o'clock, shortly after 10:00
 19 o'clock p.m. on the 21st.
 20 And you're saying she had some -- you believe
 21 she had codes after 10:00, 10:30 p.m. on the 21st?
 22 **A** Yes.
 23 **MR. WEBBER:** Objection to form.
 24 **BY MR. BARNHART:**
 25 **Q** You believe that? All right.

www.phippsreporting.com
 888-811-3408

1 says, "Did you call Dr. Henderson?"
 2 And he said, "No, I didn't. General surgery
 3 over at Wellington told me this is a trauma surgery
 4 case."
 5 **MS. SAPERSTEIN:** Form. This is Paige.
 6 **BY MR. BARNHART:**
 7 **Q** So if general surgery at Wellington told him
 8 this was a trauma surgery case, would the person who
 9 told him that have been right or wrong?
 10 **A** Wrong.
 11 **MR. WEBBER:** Objection to form.
 12 **MS. SAPERSTEIN:** Form. This is Paige.
 13 **BY MR. BARNHART:**
 14 **Q** Why is that?
 15 **A** There is no way this is a trauma patient.
 16 **Q** Okay. So if that's what the trauma -- if
 17 that's what the general surgeon at Wellington is
 18 telling an OB who thinks there's a ruptured liver, then
 19 Wellington's general surgeon is just wrong?
 20 **A** Correct.
 21 **MR. WEBBER:** Objection to form.
 22 **MR. BARNHART:** All right.
 23 **MS. SAPERSTEIN:** Form. Paige.
 24 **BY MR. BARNHART:**
 25 **Q** So Dr. El-Haddad says it's not a trauma

www.phippsreporting.com
 888-811-3408

1 Do you believe she had codes on the 22nd
 2 before she got to St. Mary's?
 3 **A** I was told she arrested either right when she
 4 was getting ready to leave Wellington or in the
 5 ambulance.
 6 **Q** And do you remember the source of that
 7 information?
 8 **A** No.
 9 **Q** Because you weren't there, obviously.
 10 **A** Right.
 11 **Q** Right. Okay.
 12 So -- and then Dr. Lopez explains to
 13 Dr. El-Haddad she's coming to St. Mary's, she's on
 14 pressors -- those are the vasopressors; right?
 15 **A** Yes.
 16 **Q** She got four units of pack cells. What are
 17 those?
 18 **A** Red blood cells.
 19 **Q** Okay. And those help replenish blood that's
 20 being bled out?
 21 **A** Yes.
 22 **Q** She got two liters of fluids; right? And
 23 what's the purpose of that?
 24 **A** To replace lost blood volume.
 25 **Q** All right. But -- and then Dr. El-Haddad

www.phippsreporting.com
 888-811-3408

1 surgery case; it's a general surgery case; this is not
 2 a trauma case, so I don't have to accept this case as a
 3 trauma.
 4 **Okay.** And you apparently agree with that?
 5 **A** I not only agree with it; he would be in
 6 violation of his contract if he did accept the patient.
 7 **Q** Okay. Well, let's take a look at that
 8 contract.
 9 **MR. BARNHART:** If you could get that, Adam.
 10 **BY MR. BARNHART:**
 11 **Q** And then he says -- Dr. Lopez says, "I
 12 appreciate your help. I'm going to call Dr. Davis
 13 now."
 14 And that's you?
 15 **A** Sure.
 16 **Q** Okay. So what Dr. -- Dr. Lopez is doing is
 17 he's going up the ladder; would that be fair?
 18 **A** I'll take your word for it.
 19 **Q** Well, you -- no. What -- you tell me what you
 20 think he's doing.
 21 **A** I have no -- I have no educated guess on what
 22 Dr. Lopez's pattern of behavior is.
 23 **Q** Well, now, wait a minute. You are the chief
 24 medical officer. He's trying to get his patient taken
 25 care of, and he's going to you to try to find a

www.phippsreporting.com
 888-811-3408

- 1 solution or for help, one of those things.
 2 A Right. And he got a solution.
 3 Q Would you agree with that?
 4 A Yes.
 5 Q All right. Would you agree that he's
 6 advocating for his patient at this point?
 7 MR. WEBBER: Objection to form.
 8 THE WITNESS: If he did actually not know that
 9 the patient was bleeding from the ovarian artery
 10 and was amazingly horribly wrong on his diagnosis,
 11 maybe.
 12 BY MR. BARNHART:
 13 Q Okay.
 14 A But the reality of it is, the patient had no
 15 bleeding from her liver, and that was apparent on the
 16 ultrasound originally.
 17 Q Okay. Well, did you look at the ultrasound?
 18 I thought you told me you didn't look at the --
 19 A I saw the interpretation of that ultrasound.
 20 Q From Wellington?
 21 A They sent the records over.
 22 Q I thought you told me you didn't look at the
 23 Wellington records.
 24 A I'm telling you that I saw them during the
 25 peer review discussion --

www.phippsreporting.com
 888-811-3408

- 1 Q Okay. And did you know why she was high risk,
 2 that she was preeclamptic?
 3 A I did hear that, yes, sir.
 4 Q All right. And preeclampsia is related to
 5 what can be severe high blood pressure; correct?
 6 A Correct.
 7 Q And severe high blood pressure can cause death
 8 of mom; right?
 9 A Correct.
 10 Q Death of baby?
 11 A Correct.
 12 Q And it can cause things like a hemorrhage in
 13 the liver because the liver swells; correct?
 14 A Very, very rarely.
 15 Q The answer is yes, but it's not common;
 16 correct?
 17 A Very uncommon.
 18 Q All right. But --
 19 A So the mortality rate with HELLP syndrome is
 20 less than 1 percent, which she didn't have in the first
 21 place, so --
 22 Q Well, but let's --
 23 A So it's an astronomically low thing in the
 24 differential.
 25 Q Okay. Well, let's talk about that. HELLP

www.phippsreporting.com
 888-811-3408

- 1 Q Okay. So you --
 2 A -- which I'm not really going to discuss here
 3 because it's peer review.
 4 Q Well, you can discuss the records because
 5 they're -- they've been produced.
 6 The -- so the -- so you remember now looking
 7 at the Wellington records?
 8 A Just the ultrasound report.
 9 Q That's the only record from Wellington you
 10 looked at?
 11 A I think so.
 12 Q All right. Did you look at the ambulance
 13 records?
 14 A No.
 15 Q All right. So the only record now that you
 16 can recall you looked at from Wellington is the
 17 ultrasound report?
 18 A Yes.
 19 Q Okay. So doctors have differentials, do they
 20 not?
 21 A Supposed to.
 22 Q Sure. And among the differentials, did you
 23 know that this young lady was a -- was high risk, a
 24 high-risk pregnancy?
 25 A That's what I heard, yes.

www.phippsreporting.com
 888-811-3408

- 1 syndrome is a real diagnosis?
 2 A Yes.
 3 Q It's a real medical condition?
 4 A Absolutely.
 5 Q And it can cause serious effects for mom?
 6 A True.
 7 Q All right.
 8 A She didn't have HELLP syndrome.
 9 Q Yeah, if -- you know, if you would just answer
 10 the question instead of trying to make a point every
 11 time, we can go much faster.
 12 It turns out you're right --
 13 A I'm going to answer it to the best of my
 14 ability.
 15 Q It turns out you're right, after they got in
 16 and did the surgery. No one is disputing that.
 17 A She had --
 18 Q So you don't need to continue --
 19 A -- none of the symptoms beforehand.
 20 Q Okay. And how many years of OB/GYN did you
 21 practice?
 22 A None.
 23 Q All right.
 24 So then what happens during that conversation
 25 is apparently Dr. Lopez says, "I'm going to call

www.phippsreporting.com
 888-811-3408

1 Dr. Davis."
 2 El-Haddad says, "Thank you. Good night."
 3 And Lopez says he'll -- "Did he?"
 4 And Erica says, "Hello," again.
 5 And Lopez says, "Did he hang up on me?"
 6 Erica says, "He hung up."
 7 And Dr. Lopez says, "I want you to call
 8 Dr. Davis."
 9 Is it appropriate to hang up on another
 10 doctor?
 11 MR. PUYA: Form.
 12 THE WITNESS: It's appropriate when the other
 13 doctor is rude or insulting or condescending.
 14 BY MR. BARNHART:
 15 Q All right. And your -- do you know if -- if
 16 Dr. Lopez was any of those things?
 17 A Well, he was that way to me, and he was that
 18 way to Dr. Borrego. So I assume he was that way to
 19 Dr. El-Haddad.
 20 Q All right, then.
 21 All right. So now we come to you. Your
 22 telephone call was at 10:14 p.m.
 23 A Okay.
 24 Q All right. That's Dr. Davis, Jeffrey
 25 Davis, D.O. That's you?

www.phippsreporting.com
 888-811-3408

1 got him on the recorded line with Dr. El-Haddad." This
 2 is four, five, ten lines down, maybe.
 3 And we're -- their word says, "Um, he doesn't
 4 have to." That's you. Do you see that?
 5 A I see that.
 6 Q All right.
 7 MR. WEBBER: No. We may be --
 8 MR. BARNHART: We might be off.
 9 MR. WEBBER: We are working on different
 10 trans -- transcriptions.
 11 THE WITNESS: All I have is "Um."
 12 MR. BARNHART: Okay. All right. Let's look
 13 at mine because we had ours done.
 14 BY MR. BARNHART:
 15 Q What I'm showing you is -- do you see the "Um,
 16 he doesn't have to," right where my little finger is
 17 (indicating)?
 18 A I don't recall saying that or what that was in
 19 reference to, but ...
 20 Q Well, it was -- it was in reference to
 21 Dr. El-Haddad.
 22 A I may have been saying he doesn't have to
 23 accept the patient.
 24 MR. HECHT: Do you want my copy?
 25 MR. BARNHART: Oh, yeah. Here's another one.

www.phippsreporting.com
 888-811-3408

1 A Correct.
 2 Q Erica Filippone; right? That's the first
 3 conversation with you?
 4 A Yes.
 5 Q And so Erica gets you on the phone, and she
 6 tells you that, "He's got a patient over at Wellington
 7 that he wants to send over. He was hoping she would be
 8 seen by trauma services because she developed -- she's
 9 post-partum. She developed HELLP syndrome with a
 10 ruptured liver."
 11 And you say, "Yeah."
 12 And then she explains, "So we got him on the
 13 recorded line with Dr. El-Haddad, but Dr. El-Haddad
 14 doesn't feel that this is trauma, and he said he didn't
 15 have to accept her. And Dr. Lopez said he wanted to
 16 speak with you."
 17 And you say, "Mmmmm, he doesn't have to,"
 18 meaning -- I guess, referring to Dr. El-Haddad.
 19 Was that how you took it? It's your
 20 conversation.
 21 A I don't recall what the --
 22 MR. BARNHART: Jay, why don't you show him a
 23 copy of that. This the 10:14 phone call.
 24 BY MR. BARNHART:
 25 Q Okay. So it's right -- Erica says, "So we've

www.phippsreporting.com
 888-811-3408

1 Thank you. Thank you, Adam.
 2 THE WITNESS: (Examining document.)
 3 BY MR. BARNHART:
 4 Q Okay. So let's go to -- to the next question.
 5 It says, "Erica" -- it says, "Because apparently the
 6 general surgeon at Wellington said he doesn't take care
 7 of livers."
 8 Do you see that?
 9 A Yes.
 10 Q And then you say, "Yeah, well, El-Haddad is
 11 being lazy, but that's nothing new."
 12 That's true, isn't it? He was being lazy?
 13 MR. WEBBER: Objection to form.
 14 MR. PUYA: Form; argumentative.
 15 THE WITNESS: No. I was referring to Dr. --
 16 Dr. El-Haddad's previous -- not willing to accept
 17 patients that are -- that are injured. And then I
 18 would have to step in and make him take those
 19 patients.
 20 BY MR. BARNHART:
 21 Q Well, let's go back over it. So, in your
 22 mind, anyway -- I mean, you're telling the nurse,
 23 "El-Haddad is being lazy, but that's nothing new."
 24 What did you mean by that?
 25 MR. WEBBER: Objection to form.

www.phippsreporting.com
 888-811-3408

1 THE WITNESS: I just told you, that in the
2 past he hasn't accepted trauma patients that he
3 should have, and I was forced to intervene.

4 BY MR. BARNHART:

5 Q All right. And did you have the authority to
6 make him take the patient?

7 A Yes.

8 Q And when you would talk to him on those
9 occasions about why he didn't take trauma patients,
10 what did you say?

11 A I would remind him what the transfer criteria
12 were and that he was going to have to take this
13 patient.

14 Q Okay. And then Erica suggests, "You want me
15 to get Dr. Lopez on for you? I have him on the other
16 line."

17 So he's waiting, apparently; right?

18 A Right.

19 Q And so this is, I don't know, what, the ninth,
20 tenth phone call with Dr. Lopez to the hospital? Not
21 with you, but to the hospital.

22 "I think it would be better," you say, "if he
23 talked to Dr. Borrego directly, the head of that group,
24 you know?"

25 And so she says, "You want me to get him

www.phippsreporting.com
888-811-3408

1 A -- not when they're off duty as a trauma
2 surgeon.

3 Q Okay. Well, that's not what you said at all,
4 is it?

5 A That's exactly what I meant. You know, you
6 cannot extrapolate that to what you just said. There's
7 no way.

8 Q I'm just reading what you said. You say, "You
9 know" --

10 A They're not allowed to take care of any
11 patient that's not a trauma patient while they're on
12 duty as a trauma surgeon.

13 Q Let's -- let's -- let's just read this more
14 carefully.

15 A You can read it all you want, but that's --
16 that's the reality of it.

17 Q I do plan to read it.

18 A Go ahead.

19 Q "You know, it may not be trauma. But, you
20 know, they're supposed to be there to help out and do
21 critical care and things like that."

22 Those are your words, aren't they?

23 A They are.

24 Q All right. And your words were correct?

25 MR. WEBBER: Objection to form.

www.phippsreporting.com
888-811-3408

1 connected?"

2 And you say -- the next page, do you see that?

3 A Yes.

4 Q All right. And you say, "You know, it may not
5 be trauma. But, you know, they're supposed to be there
6 to help out and do critical care and things like that,
7 so ..."

8 That's what we were talking about earlier,
9 wasn't it? They're there to do trauma, for sure, and
10 you're right about that. But they're supposed to be
11 there, according to your words and according to their
12 duties, to do critical care things like that, aren't
13 they?

14 MR. PUYA: Object to form.

15 THE WITNESS: They're certified --

16 COURT REPORTER: I'm sorry. Who --

17 MR. WEBBER: Keith, Keith Puya.

18 COURT REPORTER: Okay.

19 THE WITNESS: -- surgical critical care. And
20 Dr. Borrego and his group will occasionally help
21 out other physicians with surgical critical care
22 patients, but not while they're on duty as a trauma
23 surgeon --

24 BY MR. BARNHART:

25 Q Well, that's not --

www.phippsreporting.com
888-811-3408

1 MR. PUYA: Form. Puya.

2 BY MR. BARNHART:

3 Q Is that true?

4 A I meant it in a different sense.

5 Q Oh, you meant it in a different sense, of
6 course.

7 A And meant when they're off duty as trauma
8 surgeons. Dr. El-Haddad could not have accepted that
9 patient.

10 Q Uh-huh. If she was accepted by the
11 intensivist, then Dr. El-Haddad or whatever other
12 trauma surgeon happened to be there helping out and
13 doing critical care, then they would have treated her;
14 correct?

15 MR. WEBBER: Objection to form.

16 THE WITNESS: There is nothing in the hospital
17 by-laws that requires Dr. Borrego or any other
18 trauma surgeon to take care of intensive care
19 patients that are not trauma patients.

20 BY MR. BARNHART:

21 Q So, look, you know, you were right, weren't
22 you? They're supposed to be there to help out to do
23 critical care. That's true, isn't it?

24 MR. WEBBER: Objection to form.

25 THE WITNESS: On trauma patients, yes.

www.phippsreporting.com
888-811-3408

1 BY MR. BARNHART:

2 Q Well, look -- I mean, the way you say it,
3 it's, look, it may not be trauma, but, you know,
4 they're supposed to be there to help out and do
5 critical care and things like that, even if it's not
6 trauma. That's -- that's your words. I didn't make
7 that up; right?

8 A True.

9 Q All right. So then they -- they get
10 Dr. Borrego. And this is a conversation -- let's see.
11 Your conversation was at 10:14. This one is ten
12 minutes later. So yours initiates at 10:14. It's not
13 very long, but it probably took a few minutes.

14 So right after that, 10:24 we have a
15 conversation, but you weren't part of it. Have you
16 looked at this one?

17 A Yes.

18 Q Okay. So this is the nurse, Dr. Lopez, and
19 Robert Borrego, M.D. And we've already discussed that
20 he's the head of trauma.

21 A Right.

22 Q Right. Then the nurse again says, "Everybody
23 remember we're recording." And so then we go through
24 much of the same explanation.

25 Do you have a copy of this one?

www.phippsreporting.com
888-811-3408

1 remember, that we went through first, they wrote down
2 "Possible Liver Rupture"?

3 A Right.

4 Q All right. So that -- that's what everybody
5 is traveling on. It turns out after the surgery they
6 weren't right; it was a deligature, or the ligature
7 came off.

8 So he's talking -- he tells Dr. Borrego she's
9 going to be transferred, and Dr. Borrego says, "To the
10 ER?"

11 And Dr. Lopez says, "No," and he explains they
12 don't have a surgeon who does liver surgery.

13 And Borrego says -- he laughs, ha, ha, "That's
14 a general surgery thing. That's crazy."

15 "Well, I just spoke to Erica, Henderson" -- I
16 don't think he says Raymond; that was added -- "is on
17 general surgery. Have you spoken to him?"

18 "No."

19 And so he says, "I don't know why Jeff Davis
20 called me, but I'm not on call for general surgery."

21 So apparently you had called Dr. Borrego;
22 correct?

23 A I guess I did.

24 Q Would you have called him on your own cell
25 phone? I believe that we have that.

www.phippsreporting.com
888-811-3408

1 A No.

2 MR. BARNHART: Here you are, sir (tendering).

3 MR. WEBBER: I hope guys are reading off the
4 same page.

5 MR. BARNHART: Correct.

6 BY MR. BARNHART:

7 Q Okay. So about the middle, a little bit
8 beyond the middle, Dr. Lopez and Dr. Borrego are
9 talking. And that's, again, a physician-to-physician
10 call; right?

11 A Correct.

12 Q And that's the most important level of calls,
13 I believe you told us.

14 A Yes.

15 Q All right. So we -- Dr. Lopez goes through
16 her history, and -- and he's been -- he's consistent
17 all the way about what he thinks this is, or he -- it
18 appears to be a liver -- a rupture in her liver
19 capsule; correct? In every single phone call we've
20 gone through, that's what he's telling people?

21 A Right.

22 Q And originally the transfer documents, that's
23 what the nurses at Wellington write down; correct?

24 A I'm sorry. Say that again?

25 Q The nurses on the transfer documents,

www.phippsreporting.com
888-811-3408

1 A I probably did if I called him.

2 Q All right. Let me -- we have a copy of your
3 AT&T records. That's apparently the phone company you
4 used back then?

5 A That was the hospital's phone.

6 Q Okay. Well, yeah. So it says "Jeff Davis" up
7 top.

8 A Right.

9 Q All right. There was a call at 10:27, and
10 that's -- do you see that incoming call down there that
11 I put a little arrow next to?

12 A Yeah. That's Borrego's number.

13 Q Okay. So either you called him or the nurse
14 called him and then he called back?

15 A Right.

16 Q All right. So that --

17 A But my recollection was that I talked to
18 Borrego after he talked to Berto Lopez.

19 Q All right. Let's see if maybe you did that,
20 too.

21 Well, let me show you your records here and
22 see if you can find a later phone call with
23 Dr. Borrego.

24 MR. WEBBER: Do you have the time for this
25 phone call?

www.phippsreporting.com
888-811-3408

1 MR. BARNHART: The one with -- yes. It's
2 10:24.
3 MR. WEBBER: Okay. The phone call with
4 Borrego was 10:27.
5 MR. BARNHART: That's right. Right.
6 MR. WEBBER: So that was after this phone
7 call.
8 MR. BARNHART: Well, it depends. This is a
9 long phone call. It's three pages of notes.
10 MR. WEBBER: Okay. But if it -- if it started
11 at 10:24, then it couldn't -- you know, and if
12 this -- the records reflect that Dr. Davis and
13 Dr. Borrego spoke at 10:27.
14 MR. BARNHART: Unless they were using
15 different timing systems. So, I mean, I don't
16 know. I don't know the answer to that, and I --
17 that -- it -- it's not just --
18 THE WITNESS: The various times are -- they
19 have the -- what do you call it? All the clocks
20 are synchronized to the same --
21 MR. BARNHART: Okay.
22 THE WITNESS: -- thing that AT&T uses.
23 BY MR. BARNHART:
24 Q Well, here's -- here's what I do know, and
25 we're looking at the transcript, is that Borrego says,

www.phippsreporting.com
888-811-3408

1 says, referring to Dr. El-Haddad, "He just hung up the
2 phone." And so he's apparently upset about that, and
3 says, "Call general surgery," and, "He hung up."
4 So he's telling Dr. Borrego that; correct?
5 A Yes.
6 Q All right.
7 MR. PUYA: Object to the form.
8 BY MR. BARNHART:
9 Q And then Borrego says, "Who said that?"
10 And Dr. Lopez says, "The guy that's on call
11 for trauma."
12 And then Borrego says the same thing, "It's
13 not a trauma thing."
14 And then Dr. Lopez goes on to say, "Look,
15 she's 29 years old. If she dies tonight" -- and he
16 talks about, you know, where you're getting your
17 funding.
18 And then further down Dr. Borrego says,
19 "Well" -- and there's a skip or something like that.
20 And he says, "Well, bullshit, Berto."
21 And Berto is his first name; correct?
22 A Yes.
23 Q "You don't need to listen to me; okay? My
24 funding has nothing to do with it. I get paid to do
25 trauma. And it's got nothing to do with taking

www.phippsreporting.com
888-811-3408

1 "I don't know why Jeff Davis called me." So that must
2 have taken place in the past.
3 A Okay.
4 MR. WEBBER: Objection.
5 MR. BARNHART: All right.
6 MR. WEBBER: Or it could be him just saying
7 why are you -- why are they having the transfer
8 center call me.
9 MR. BARNHART: Well, that's not what he said.
10 "I don't know why Jeff Davis called me."
11 MR. WEBBER: But we know that he didn't call
12 him, according to the records and the times.
13 MR. BARNHART: We -- we -- we don't know.
14 BY MR. BARNHART:
15 Q All right. So it's not dispositive. I mean,
16 you spoke to Dr. Borrego, apparently; right?
17 A I did speak to him, but I recall it being
18 after he spoke to Dr. Lopez.
19 Q All right. Fair enough. Just go by your
20 memory, then.
21 So Dr. Lopez said, "No. He called you because
22 his patient needs a trauma surgeon to take a look at
23 her and make a" consult -- a "consultation, and I'm
24 trying to explain that."
25 And -- and then Dr. Lopez on the next page

www.phippsreporting.com
888-811-3408

1 patients from Wellington Hospital with HELLP syndrome
2 or liver capsule repairs that are from hypertension."
3 All right. So that's what the working
4 diagnosis is; right?
5 A Well, Dr. Lopez's diagnosis.
6 Q All right. Well, that's the one that
7 everybody is talking about; correct?
8 A Right.
9 Q And that's -- that's what St. Mary's is
10 evaluating; right?
11 A Yes.
12 Q Even though it happened to be a deligature
13 later on, but at the time, everybody is evaluating a
14 possible liver rupture?
15 A We're making decisions based on that erroneous
16 diagnosis.
17 Q That's right.
18 And then he said -- Dr. Borrego says, "Well,
19 we're not supposed to touch, by contract, a general
20 surgery patient."
21 And -- and then at the end -- the bottom of
22 the page, there's a reference to you. Do you see that?
23 Dr. Lopez says it's just -- "That's why I called
24 Dr. Davis, because I wanted him to be aware that you
25 didn't really necessarily want bad press on this one.

www.phippsreporting.com
888-811-3408

1 And if that's what it's going to be, fine. I'll call
2 Dr. Henderson. When he turns me down, who do you
3 suggest I ask?" Right?

4 And then there's a recommendation. The chief
5 of surgery was Alex Lenard. And then Erica says,
6 "Dr. Lopez, I'm going to get Dr. Davis and give him an
7 update"; right?

8 A Okay.

9 Q Did I read through those correctly?

10 A I believe you did. You left out a few things.

11 Q I did. Do you think there are -- do you think
12 that they're necessary to add substance or meaning? Go
13 ahead and tell us about it.

14 A Borrego reiterates, "When we have someone on
15 surgery -- on trauma surgery, we're not supposed to
16 touch, by contract, the general surgery patient, and
17 that's what our contract says."

18 Q Yeah, it -- well, I thought I covered that,
19 but I appreciate you doing that if I didn't.

20 Okay. So then there's a conversation. The
21 next one --

22 MR. BARNHART: Do you have this one
23 (conferring with Mr. Hecht)?

24 BY MR. BARNHART:

25 Q -- is between --

www.phippsreporting.com
888-811-3408

1 And She says, Hi, Dr. Davis -- "Hey,
2 Dr. Davis."

3 And you say, "I was on the phone with
4 Borrego."

5 And she says, laughing, "I was kind of
6 thinking that may be the case."

7 And then you say that Lopez -- well, that
8 Borrego said that Dr. Lopez was completely
9 inappropriate with him and threatening him and all of
10 that stuff.

11 Do you see that?

12 A Yes.

13 Q And then you say, "Well, if -- if it's a --
14 it's a general surgery case. If the general surgeon on
15 call wants to take it, that's fine, whoever the general
16 surgeon on call is?"

17 A Right.

18 Q Okay. And then Erica says, "Well, the
19 hospitalist is Dr. Mukesh." Do you remember him?

20 A That's Dr. Kumar. That's his first name,
21 Mukesh.

22 Q Okay. Right. Dr. Kumar Mukesh.

23 A Mukesh Kumar.

24 Q Oh, is it -- okay.

25 A Kumar is the last name.

www.phippsreporting.com
888-811-3408

1 MR. HECHT: Which one have you got there?

2 MR. BARNHART: Erica Filippone, No. 17.

3 THE WITNESS: I need to take a bathroom break.

4 MR. BARNHART: Sure. Let's -- let's cover
5 this, and then we'll take a break.

6 VIDEOGRAPHER: The time is now 12:37, and
7 we're off the record.

8 MR. BARNHART: Okay.

9 (Brief recess.)

10 VIDEOGRAPHER: This is Media No. 2 of the
11 deposition of Dr. William Davis. The time is now
12 12:48.

13 BY MR. BARNHART:

14 Q Let's look at our last one. Somehow they seem
15 to have gotten mixed up.

16 The -- the next conversation is one that I
17 want to cover. It's -- I think we've -- we've been on
18 this No. 17 between you and Nurse Filippone. Is that
19 the one you have?

20 A Yes.

21 Q Does it say No. 17?

22 A Yes.

23 Q Okay. And that, apparently, is a short one.
24 And that says "This is Erica."

25 And you say, "Hi, Erica."

www.phippsreporting.com
888-811-3408

1 Q Okay. Dr. Mukesh Kumar.

2 Anyway, I guess you know who we're talking
3 about; right?

4 A Yes.

5 Q And so she says, "Well, if we can get him on
6 board -- if we can get him on board is not the issue.
7 Dr. Lopez just really wanted trauma involved because
8 that's what he felt was needed."

9 And you say, "Yeah."

10 And then she said, "Do you want me to go call
11 Dr. Henderson?"

12 And you say, "Yes?"

13 A Yeah.

14 Q Essentially?

15 A Yes.

16 Q Okay. And then there's a conversation with
17 Dr. Henderson and Nurse Filippone, but you were not
18 part of that?

19 A No.

20 Q Okay. All right. And Dr. Henderson, I want
21 you to assume in that conversation with Erica says,
22 "Yeah, I've spoken with Dr. Lopez," so Dr. Lopez called
23 him. And he said, "He called me because she's bleeding
24 from the liver," so that's the working knowledge that
25 people have. And he said, "I don't have privileges to

www.phippsreporting.com
888-811-3408

1 do liver."
 2 Was that true?
 3 A Not that I'm aware of. I -- all general
 4 surgeons have privileges to operate on pretty much
 5 anything in the abdomen.
 6 Q Okay. Well, he's pretty clear about that.
 7 And then he says, "So if trauma won't take her" -- this
 8 is Dr. Henderson now. "If you want Dr. Davis to talk
 9 to me, I will, but I do not do livers. I do not have
 10 privileges to do bleeding livers and such. So if
 11 trauma won't take her, I don't know of any general
 12 surgeon there that does livers."
 13 Is that understanding correct, as far as you
 14 know?
 15 A No.
 16 Q How is it the general surgeons don't think
 17 they have privileges to do livers?
 18 MR. WEBBER: Objection to form.
 19 BY MR. BARNHART:
 20 Q Because that is the second general --
 21 MR. PUYA: Objection.
 22 BY MR. BARNHART:
 23 Q -- surgeon who said, "I don't have privileges
 24 to do livers."
 25 MR. WEBBER: Objection to form.

www.phippsreporting.com
 888-811-3408

1 do to save a life.
 2 A I would agree with that.
 3 Q Yeah. I mean, you were taught that in medical
 4 school, weren't you?
 5 A Yes.
 6 Q You can't just sit around and say my papers
 7 don't work for you, so I'm going to let you die. He
 8 jumped in to try to save her life; correct?
 9 MR. PUYA: Puya. Form.
 10 MS. SAPERSTEIN: Form.
 11 BY MR. BARNHART:
 12 Q Dr. Henderson.
 13 A I don't know if -- whether they -- I know he
 14 was on call and required to take care of general
 15 surgery patients.
 16 Q Well, I mean, look, nobody else was doing it.
 17 Dr. Henderson, would you agree, did the right thing; he
 18 took her to surgery to try to save her life?
 19 A I agree he assisted Dr. Lopez and Dr. Lopez's
 20 case.
 21 Q Well, I mean, you can parse it any way you
 22 want. But Dr. Henderson's the one that got in there
 23 and opened her up; true?
 24 A That's not my understanding. My understanding
 25 is Dr. Lopez opened the patient. Dr. Henderson came in

www.phippsreporting.com
 888-811-3408

1 MS. SAPERSTEIN: Form.
 2 THE WITNESS: Well, I have no knowledge of
 3 what the first general surgeon has privileges to do
 4 or not do.
 5 As a point of clarification, the general
 6 surgery call is covered by some general surgeons.
 7 And some of the trauma surgeons, when they're not
 8 on trauma call, will take general surgery call.
 9 And they are certainly qualified to take care of
 10 livers, and it's part of their general surgery
 11 privileging, as it is Dr. Henderson.
 12 BY MR. BARNHART:
 13 Q Is that some or all of them?
 14 A You know, I don't have that exact recollection
 15 of what Dr. Henderson's privileges are, but I am pretty
 16 sure they include things with liver.
 17 Q Okay. Well, if he's right, then he really
 18 doesn't have any business doing a liver, does he?
 19 A Well, he did it, so I assume --
 20 Q Well, he did it because nobody else would help
 21 this young lady. He's -- he also wants to help people.
 22 There's nothing wrong with that; correct?
 23 In fact, the standard -- I don't -- you're not
 24 a surgeon. But the standard for surgeons is sometimes
 25 you have to go beyond that which you're credentialed to

www.phippsreporting.com
 888-811-3408

1 later after the case had been started and assisted.
 2 Q Do you think that's the way it took place or
 3 the other way around?
 4 A I think that's the way it took place.
 5 Q Uh-huh. And if Dr. Lopez had been right, that
 6 this was a ruptured liver, the person to do that was a
 7 general surgeon or a trauma surgeon, not an
 8 obstetrician; correct?
 9 A Correct.
 10 MR. WEBBER: Objection to form.
 11 BY MR. BARNHART:
 12 Q Okay. So then there's another telephone call
 13 between Nurse Filippone and Dr. Lopez, and he said,
 14 "Can you get Dr. Davis on the phone with me?"
 15 And she calls you. All right. It's really
 16 short. And she says, "This is Erica. Dr. Lopez is on
 17 the line and he asked me to call. I don't know what
 18 this is about now."
 19 And you say, "Okay."
 20 And then at 11:09 there's a conversation -- so
 21 now we've had, gosh, I'm not sure how many
 22 conversations, maybe 20. A conversation now between
 23 Nurse Filippone, Dr. Lopez, and you. So this is the
 24 second time you-all have been together.
 25 A Okay.

www.phippsreporting.com
 888-811-3408

- 1 **Q** And this was about -- it's 11:09. The other
2 was 10:24. So about 30, 40 minutes afterwards, after
3 the first phone call with Dr. Lopez.
4 **A** Okay.
5 MR. WEBBER: When was the first phone call
6 with Dr. Lopez?
7 MR. BARNHART: I thought it was 10:24.
8 MR. WEBBER: That was with Dr. Borrego.
9 MR. BARNHART: Maybe so. Maybe so.
10 MR. WEBBER: This was the only conversation --
11 MR. BARNHART: Well, whenever the -- whenever
12 the telephone numbers and the --
13 MR. WEBBER: No, but -- and I just -- I --
14 there was only one conversation that he had with
15 Dr. Lopez.
16 BY MR. BARNHART:
17 **Q** All right. Well, let's clarify that. Is that
18 true? That's your memory?
19 **A** That's my memory.
20 **Q** Okay.
21 MR. WEBBER: And I think that's what the
22 records reflect.
23 MR. BARNHART: It may well. You might be
24 right.
25 MR. WEBBER: Okay. I just wanted to clarify

www.phippsreporting.com
888-811-3408

- 1 **Q** Is that true?
2 **A** Yeah. I mean, she's on pressors; she is
3 hypotensive and whatever.
4 **Q** Right. So he didn't have to go into details
5 because he's talking physician to physician?
6 **A** Right.
7 **Q** All right. So then Dr. Lopez says, "Doctor,
8 the hospitalist has agreed to take her since I don't
9 have ICU privileges and this patient is on pressors.
10 And he's going to obtain the consult with trauma -- the
11 consult with trauma."
12 And you said, "Okay."
13 And he said, "That's where it's at, so I
14 appreciate your help because you were able to get
15 approved."
16 And you say -- this is Dr. Davis -- "Yeah. I
17 mean, the hospitalists have ICU privileges, just so you
18 know, but" --
19 And then he says, "The hospitalists have ICU
20 privileges"; right?
21 **A** Yeah.
22 **Q** "She's on pressors. I don't know. You know,
23 she's on epinephrine"; right?
24 **A** Right.
25 **Q** And what's the significance of being on

www.phippsreporting.com
888-811-3408

- 1 that.
2 MR. BARNHART: I want to make sure because
3 there have been so many phone calls.
4 BY MR. BARNHART
5 **Q** Okay. So here we have -- the nurse really is
6 a participant just to get you-all together; correct?
7 **A** Yes.
8 **Q** So it's really between -- it's a
9 physician-to-physician consult between Dr. Lopez and
10 Dr. Davis, which is you?
11 **A** Yes.
12 **Q** All right. And so he explained how she's
13 doing, she dropped her crit. That's hematocrit; right?
14 **A** Yes.
15 **Q** "She's now at 6 and 18." So she's continuing
16 to bleed; right?
17 **A** It would seem so.
18 **Q** I mean, that's why he told you that; right?
19 **A** Right.
20 **Q** I mean, he didn't -- he didn't -- did he tell
21 another doctor her crit is now at 6 and 18? Really,
22 what he's saying is she's continuing to bleed and she
23 needs help in English, to a layman?
24 MR. WEBBER: Objection to form.
25 BY MR. BARNHART:

www.phippsreporting.com
888-811-3408

- 1 epinephrine?
2 **A** That's a pressor.
3 **Q** Right. So they're trying to essentially
4 control the bleeding; correct? That's the treatment
5 for a bleed?
6 **A** Not really. The treatment is surgery.
7 **Q** Okay. This is a treatment short of surgery?
8 **A** It's a treatment to increase the blood
9 pressure when the blood pressure is low. It doesn't do
10 anything to control the bleeding.
11 **Q** Right. It doesn't control it. It keeps her
12 from -- it keeps her from bleeding out. It gives you
13 hours and not days, like we talked before; correct?
14 **A** There's some debate about that in the
15 literature, but ...
16 **Q** Well, are you changing your mind, or -- that's
17 what you told us about an hour ago, it gives you hours
18 not days.
19 **A** Temporizing the patient gives you hours, not
20 days. That means fluid resuscitation, whatever.
21 **Q** Right. That's what they were doing. Okay.
22 So we left off at she's on epinephrine. And
23 down at the bottom you say, "I know. I'm just saying
24 that hospitalists have privileges, and" --
25 And then the next page, he says, "Yeah, and I

www.phippsreporting.com
888-811-3408

1 don't, so he's going to be the primary."
 2 And you say, "Yeah, that's fine."
 3 Agreed?
 4 A Yes.
 5 Q Yeah? And, "So I'll continue to see her for
 6 obstetrical things. And, you know, I explained to him
 7 we've had some difficulty with general surgery and
 8 trauma, as to who will see the liver patient. But, you
 9 know" -- and this is Dr. Lopez talking -- "I think that
 10 somebody is going to have to probably open her and pack
 11 whatever is bleeding in her liver. And I was at the
 12 bedside when they did her ultrasound, you know, and it
 13 said all around the liver. It's got to be a liver
 14 rupture of some kind. So where" --
 15 And then you interrupt, and you say, "Right.
 16 And, you know, most of these liver injuries, they do
 17 tend -- they tend to not do nonoperative treatment?"
 18 A No. I said they tend to do nonoperative
 19 treatment. I did not say to not to do nonoperative
 20 treatment.
 21 Q Okay. Well, actually, that makes more sense,
 22 doesn't it?
 23 A Right.
 24 Q All right. So whoever transcribed this may
 25 have gotten those two words wrong.

www.phippsreporting.com
 888-811-3408

1 When a liver laceration bleeds, it tends to bleed
 2 slowly, unless it's a massive trauma and when it's
 3 completely severed, in which case they do bleed
 4 massively.
 5 MR. BARNHART: Okay.
 6 THE WITNESS: It -- it just doesn't make sense
 7 for HELLIP syndrome to give you massive bleeding
 8 immediately. It just -- it just doesn't happen.
 9 BY MR. BARNHART:
 10 Q All right. But, of course, she's already had
 11 a code; right?
 12 A Right.
 13 Q And he just told you a minute or so before in
 14 the same conversation her hematocrit dropped -- her
 15 hematocrit dropped and she's now at 6 and 18; right?
 16 A Yeah. And he also said that there was blood
 17 around the liver --
 18 Q Uh-huh.
 19 A -- bleeding to -- bleeding in her liver, which
 20 wasn't true --
 21 Q Well --
 22 A -- on the ultrasound.
 23 Q Okay. So your interpretation of the
 24 ultrasound apparently differed from Dr. Lopez; correct?
 25 A I saw the report. I didn't see the scan.

www.phippsreporting.com
 888-811-3408

1 A So in the vast majority, they do not operate
 2 on them.
 3 Q Okay. And then you say -- so he says, "Well,
 4 what do they do? They give blood? Do they usually
 5 give blood or" --
 6 And you say, "I don't think anybody is going
 7 to operate on her tonight."
 8 What made you think that?
 9 A Because they tend to observe liver lacerations
 10 and give them blood and see how they do.
 11 Q So he says, "You think they're just going to
 12 stabilize? They just give her blood and supportive
 13 care until she stabilizes on her" --
 14 And then you say, "Right. And we'll all sort
 15 this out tomorrow, so let everything cool down."
 16 And -- and so if time is of the essence, that
 17 tomorrow might be too late; right?
 18 A That's his -- that's your opinion.
 19 Q That's not my opinion. It could be too late.
 20 Just as a matter of fact, if time is of the essence for
 21 a bleeding patient for whatever reason, ruptured liver,
 22 a ligature that came off, whatever reason, if they're
 23 bleeding, you may run out of hours; correct?
 24 MR. WEBBER: Objection to form.
 25 THE WITNESS: That's a gross generalization.

www.phippsreporting.com
 888-811-3408

1 Q Oh, okay. You saw the report. So the person
 2 who reported on the ultrasound, the ultrasonographer,
 3 the radiologist, somebody, he and Dr. Lopez apparently
 4 had different interpretations?
 5 A Correct.
 6 Q All right. And so then Dr. Lopez says, "Hey,
 7 look. Yes, sir. Listen, you know, I respect you, and
 8 I respect St. Mary's. I just want the right thing done
 9 for this patient. I have no fight to pick with
 10 anybody."
 11 I mean, he's trying to get somebody to see his
 12 patient; right?
 13 A This is where he threatens to have the trauma
 14 funding pulled.
 15 Q Well, why don't you just answer my question
 16 because we're going to get to that. That's in the next
 17 few sentences; right?
 18 A I'm just trying to restate my recollection of
 19 this.
 20 Q Okay. So here's what he says --
 21 A He said he wants to do the right thing for the
 22 patient, but ...
 23 Q Right. And then he says, "I said to the head
 24 trauma surgeon -- what I said to the head trauma
 25 surgeon is a feeling of concern because I serve on a

www.phippsreporting.com
 888-811-3408

1 couple of committees over at -- with the trauma over at
2 the Health Care District" --

3 A He has absolutely nothing to do with trauma,
4 so he -- again, he lied here, too.

5 Q Did I ask you that? Why don't you just answer
6 the questions, and we'll get out much more quicker.

7 A I'm reading it right here.

8 Q Yeah. Did I -- did I ask you whether --

9 A He had nothing to do with trauma.

10 Q -- he told you the truth? Did I ask you
11 whether he made a threat? Did I ask you that?

12 A I'm telling you he made a threat.

13 Q Okay. Well, let go through it. Why don't you
14 answer the questions when they're asked.

15 A Why don't you restate your question.

16 Q All right. So I'm -- what I'm reading is --
17 is what he said, and then we're going to go talk about
18 it.

19 "What I said to the head trauma surgeon is a
20 feeling of concern because I serve on a couple of
21 committees with trauma over at the Health Care District
22 and issues come up from time to time from consumers
23 that complain." Okay? "I have no control over the
24 patient's mother."

25 And so do you know whether that's true or not?

www.phippsreporting.com
888-811-3408

1 tomorrow. It'll all sort out."

2 And he said, "Look, I apologize. I certainly
3 want to cooperate. But I also expect that appropriate
4 care is going to be given in a timely way."

5 And -- and that's an appropriate thought,
6 isn't it, appropriate care given in a timely way;
7 right? Is there something funny about that -- that
8 statement?

9 A It's so absurd coming out of Berto Lopez that
10 it's just amazing.

11 Q It sounds to me like you don't care for
12 Dr. Lopez.

13 A I say I just don't respect him.

14 Q Uh-huh. "But I also expect appropriate care
15 is going to be given in a timely way."

16 A And he was the person that should have done
17 that, not --

18 Q Let me finish my -- I didn't ask you a
19 question yet. I just read it.

20 A It's just him.

21 Q So are you finished with that?

22 A Yes.

23 Q If you quit giving editorials, we can get
24 through. So let me ask my question.

25 So he writes -- he says, "I also expect that

www.phippsreporting.com
888-811-3408

1 A He does not serve on any trauma committee
2 whatsoever at the Health Care District. He never has,
3 never will, never did.

4 Q And you -- you were -- were you still on
5 the -- head of the Health Care District or running the
6 Health Care District? At that time you had a --

7 A He had --

8 Q Hold on. Hold on.

9 A -- absolutely nothing to do with trauma.

10 Q At this point, do you know what committees he
11 served with?

12 A I think he was on a utilization review
13 committee at the Health Care District for the managed
14 care program, which was the indigent care program. It
15 had absolutely nothing to do with trauma. So he --

16 Q All right.

17 A -- mis --

18 Q So what he was is -- how many committees was
19 he on at Health Care District?

20 A Only one, that I'm aware of.

21 Q Only one. All right.

22 So -- and you say down at the bottom, in
23 response to him saying -- "And if I pushed it for the
24 care of" --

25 And then you say, "We'll get it taken care of

www.phippsreporting.com
888-811-3408

1 appropriate care is going to be given in a timely way."

2 That's an appropriate way to feel for his
3 patient; correct?

4 MS. SAPERSTEIN: Form.

5 COURT REPORTER: Who is that, please?

6 THE WITNESS: It's a way to feel, but that
7 doesn't reflect his actions whatsoever.

8 BY MR. BARNHART:

9 Q Did I ask you about that, sir?

10 A No, but I'm going to give an answer.

11 Q No. You're going to give a speech.

12 A I'm going to give an answer to any question
13 you ask me.

14 Q Look, you want to give a speech, go ahead and
15 give your speech, because I want to get back to these
16 questions.

17 A Go ahead.

18 Q Go ahead. Give your speech. Tell us what --
19 tell us what you want to do.

20 MR. WEBBER: He answered your question.

21 BY MR. BARNHART:

22 Q All right. It is appropriate, is it not, to
23 expect it, that a doctor can expect appropriate care in
24 a timely fashion; right?

25 MS. SAPERSTEIN: Form. Asked and answered.

www.phippsreporting.com
888-811-3408

1 THE WITNESS: It's his patient. He is the one
2 that's expected to give appropriate care, which he
3 failed to do.

4 BY MR. BARNHART:

5 Q Is it -- is it appropriate that he would
6 expect appropriate care to be given to his patient?
7 Yes or no.

8 A It's not appropriate to try to dump your
9 problem off on other doctors.

10 Q Did you tell him at that point, You're trying
11 to dump the problem on other doctors?

12 A No, because I did not know that this patient
13 was suffering from a laceration to her ovarian artery,
14 not -- and he was totally misrepresenting the whole
15 case.

16 Q Nor did he.

17 A Oh, shit.

18 Q So you think he just made all this up? Is
19 that right? All these statements, all the statements
20 from the people at Wellington, all the documents that
21 talk about possible ruptured livers, all these
22 telephone calls, you think he made it up? Is that your
23 position?

24 MR. WEBBER: Objection to the form.

25 THE WITNESS: I think he deliberately

www.phippsreporting.com
888-811-3408

1 Q I'm talking about the transfer documents.

2 A I'm talking about the report. Dr. Lopez is
3 the only one that said this is a ruptured liver.

4 Q Let's go back to the transfer documents. This
5 is what the nurse, the transfer nurse at Wellington --

6 A She wrote down what Dr. Lopez said.

7 Q Would you let me finish? Just hold your
8 horses and let me ask a question.

9 Question No. 3 on the St. Mary's certification
10 of transfer says "Do you believe that this patient has
11 an emergency medical condition that requires
12 stabilization that's unavailable at your facility?"

13 And then description was "Possible ruptured
14 liver"; right?

15 A Right.

16 Q And the person who filled this out was a
17 nurse, was it not?

18 A Yes, based on what Dr. Lopez told her.

19 Q Well, the same nurse says "On-call general
20 surgeon recommended transfer to St. Mary's Hospital."
21 That's true, isn't it?

22 A Without ever seeing the patient.

23 MR. WEBBER: Objection to form.

24 BY MR. BARNHART:

25 Q That's true, without ever seeing the patient.

www.phippsreporting.com
888-811-3408

1 misrepresented what this patient had. That's what
2 I think.

3 BY MR. BARNHART:

4 Q Okay. All right. So getting -- getting good
5 care in a timely fashion, something -- that's a right
6 that patients have a right to expect, isn't it?

7 A They have the right for their doctor to tell
8 the truth, also.

9 Q Is it right --

10 A He deliberately misrepresented this patient to
11 me, Dr. Borrego, and everyone else.

12 Q Okay. So you think everything -- all the
13 people at Wellington, Dr. Lopez, everything was made up
14 to try and get you-all to come in and do something?

15 A Nobody else at Wellington --

16 MR. WEBBER: Objection to form.

17 THE WITNESS: -- did anything else --

18 MR. BARNHART: Well, they looked at the --

19 THE WITNESS: -- other than Dr. Lopez. The
20 report does not say ruptured liver.

21 BY MR. BARNHART:

22 Q It says "Possible ruptured liver." Do you not
23 see it? All right. So then --

24 A Where I saw it, is this said nothing about
25 ruptured liver on the ultrasound.

www.phippsreporting.com
888-811-3408

1 That's what the -- the on-call surgeon --

2 A Because --

3 Q -- at Wellington --

4 A -- Dr. Lopez misrepresented it to him, too.

5 Q Yeah. Okay. Doctors can be wrong without
6 misrepresenting things, can't they?

7 A Okay. He misrepresented that the patient was
8 rock stable. She was not.

9 Q Doctors can -- would you answer my question?
10 Doctors can be wrong --

11 A I'm telling you he was wrong; he deliberately
12 misrepresented that patient on more than one occasion.

13 Q I'm not talking about Dr. Lopez right now.

14 A I am.

15 Q Dr. -- doctors can be wrong without
16 misrepresenting a condition; that's true, isn't it?

17 A Everyone makes a mistake.

18 MR. WEBBER: Objection to form.

19 BY MR. BARNHART:

20 Q You've been wrong, have you not?

21 A Of course.

22 Q And you've had the wrong differential; is that
23 true?

24 A Of course.

25 Q That happens.

www.phippsreporting.com
888-811-3408

- 1 Have you had complications? I know you don't
2 do surgery, but have you had complications?
3 A Of course.
4 Q Complications from surgery occur, don't they?
5 A Yes.
6 Q They regularly occur?
7 A Of course.
8 Q They're expected. One of the most common
9 complications from surgery is bleeding --
10 A Right.
11 Q -- would you agree?
12 A Yes.
13 Q So let -- could you go to the third page,
14 please. And we're almost finished with this
15 conversation.
16 So we've -- talking about "I expect," the page
17 before, "appropriate care is going to be given in a
18 timely way."
19 And you say, "That's a definitely" --
20 And then he says, "And I'm sure it's your
21 expectation the same. And I'm not saying that it
22 hasn't happened or won't happen."
23 Okay. And you say, "Yes."
24 And Dr. Lopez says, "All right."
25 And you say, "All right. Again, I'm sorry for

www.phippsreporting.com
888-811-3408

- 1 A I believe it was.
2 Q All right. I don't have anything else that --
3 so far as phone calls that were documented that you
4 did.
5 All right. So let's go, if we could, and get
6 you an extra copy of this so you can follow along. And
7 what I'm going to review right now, Doctor, is the --
8 MR. BARNHART: And we'll mark that as
9 Plaintiffs' 2, please.
10 Before you start reading it, let the court
11 reporter mark it.
12 (Whereupon Plaintiffs' Exhibit No. 2 was
13 marked for identification.)
14 BY MR. BARNHART:
15 Q All right. So we talked about this before.
16 This is the transfer center supplemental nurse's notes
17 that Nurse Filippone was filling out at the same time.
18 A Okay.
19 Q Do you remember that description?
20 A Yes.
21 Q All right. So I'm not going to go through
22 everything to repeat. But I want to come up to I guess
23 it's Page 4-11. So it would be the third page --
24 fourth page in. Sorry.
25 And so I want to go through what she says and

www.phippsreporting.com
888-811-3408

- 1 the delay."
2 And Lopez says, "No, sir. Hey, you know, I
3 think there's a turf war. Maybe if there -- I have a
4 feeling that this isn't the only time this has come up
5 between general surgery and trauma. That's all."
6 Are you with us so far?
7 A Yes.
8 Q All right. And then you respond, "Yeah, well,
9 El-Haddad has a habit of kind of, you know, being
10 the -- as" --
11 What were you going to say? It was cut off
12 because Lopez interrupted.
13 A Of being difficult.
14 Q Dr. El-Haddad?
15 A Yes.
16 Q And were you going to say anything else?
17 A I don't know what I was going to say. I think
18 that was basic -- the gist of what I was going to say.
19 Q All right. And then he says, "Well, it's a
20 rare thing anyway. And, again, thank you for your
21 help."
22 Then you say, "We'll sort it out tomorrow."
23 All right. Is that the end of the
24 conversations that you had with Dr. Lopez or anybody
25 else that night concerning Ashley Perez?

www.phippsreporting.com
888-811-3408

- 1 what her understanding was. Her handwriting is a
2 little difficult to read, but I think we can figure out
3 once we get going.
4 And so we're coming down sort of the middle of
5 the page. There's a 22:40-some, maybe 20 -- I can't
6 read that above it. And then 20. And then we're
7 coming down here where it says, if you can follow me,
8 "Called Dr. Davis."
9 Do you see that?
10 A Yes.
11 Q That's the one I want to talk about because
12 that deals with you.
13 "Called Dr. Davis to advise of same.
14 Conference call connected with Dr. Lopez to discuss
15 further." Excuse me. "Final plans as follows:
16 Dr. Lopez to admit patient to SMMC."
17 That's St. Mary's; right?
18 A Yes.
19 Q "And write for critical care consult upon
20 patient arrival."
21 All right. That was her understanding. And
22 let me go through it, and then we'll explore it.
23 "Dr. Lopez agrees," and then that C with a
24 line over it, that's with or to. Do you see it right
25 here? It's an abbreviation.

www.phippsreporting.com
888-811-3408

- 1 A I don't think I'm reading the same page as
2 you've got. Is it Page 2 of 4?
3 Q No, no. It's Page 3 of -- see, right up at
4 the top it says "Page 3 of 4."
5 A Okay.
6 Q Okay. And so where I started was right about
7 here (indicating). If you get that, I'll mark it for
8 you so we don't have to keep going back and forth.
9 MR. BARNHART: (Marking document.) All right.
10 Hopefully that will make it easier to follow. For
11 the record, what I did is I just -- I put a bracket
12 or a line around the parts that I'm talking about.
13 BY MR. BARNHART:
14 Q So to start again, "Called Dr. Davis to advise
15 of same. Conference call connected with Dr. Lopez to
16 discuss further. Final plans as follows: Dr. Lopez to
17 admit patient to SMMC, and patient -- upon patient
18 arrival -- upon patient arrival."
19 So she's going to be admitted to critical care
20 consult upon patient arrival. Dr. Lopez agrees with
21 same. And then it says "Once critical care consult
22 written, trauma services will evaluate"; correct?
23 A That's what she wrote. I don't know where she
24 got that, but ...
25 Q Well, I mean, she said "Called Dr. Davis to

www.phippsreporting.com
888-811-3408

- 1 nurse, Nurse Filippone, was -- who was a witness to
2 every one of these phone calls was under the impression
3 that Ashley Lopez [sic] is going to be admitted under
4 Dr. Lopez's orders, and then as soon as she's admitted,
5 critical care comes in, and trauma services evaluate
6 her; right?
7 MR. WEBBER: Objection to form.
8 THE WITNESS: I'm not sure if they're
9 referring to the hospitalist or trauma, but ...
10 BY MR. BARNHART:
11 Q Well, it -- it --
12 A Because critical -- I mean, if the hospitalist
13 is doing critical care in the ICU --
14 Q Well, read --
15 A -- and the --
16 Q -- read --
17 A -- patient got admitted --
18 Q Okay. Read the last line. "Once critical
19 care consult written, trauma services will evaluate."
20 MR. WEBBER: Let him finish his answer,
21 please.
22 MR. BARNHART: I'm sorry. I thought you had.
23 BY MR. BARNHART:
24 Q I read that correctly, didn't I?
25 A You did.

www.phippsreporting.com
888-811-3408

- 1 advise" from the -- she spoke to Dr. Lopez. At least
2 her understanding was, based on all these conversations
3 to which she was, if not a participant, at least a
4 witness, that this patient, Ashley Perez, is going to
5 be admitted, and once she's admitted, then they will
6 obtain a critical care consult on her arrival, and the
7 critical care consult and trauma services will
8 evaluate. Right? That's what she understood at the
9 time.
10 MS. SCHOENTHAL: Form.
11 BY MR. BARNHART:
12 Q Right?
13 A That's what she wrote.
14 Q Okay. So --
15 COURT REPORTER: I'm sorry. Who was that
16 giving the objection, please?
17 MS. SAPERSTEIN: Liz.
18 COURT REPORTER: Thank you.
19 BY MR. BARNHART:
20 Q And so getting back to what we talked about
21 earlier, is trauma does both trauma, and they do
22 critical care consulting; correct?
23 A Right, but they're under no obligation to
24 accept every --
25 Q Well, whether they are or not, the transfer

www.phippsreporting.com
888-811-3408

- 1 Q Yeah. So what -- she's not talking about a
2 hospitalist. She's talking about trauma, trauma
3 service; right?
4 A Well, then right below that it says "Dr. Lopez
5 requests ... Dr. Mukesh."
6 Q Right, who is the hospitalist.
7 A Right.
8 Q Okay. So at least it was her understanding
9 that --
10 A Well, he can request a consult, but there is
11 nothing that says Dr. Borrego has to see that patient.
12 Q Page 4 of 4. Let's go to the next page, if
13 you could. So we're following -- this just follows
14 what we talked about; right?
15 A Right.
16 Q So where Dr. Mukesh agreed to same; right?
17 A Right.
18 Q And he's the hospitalist?
19 A Right.
20 Q So he actually can admit to ICU, but he can't
21 do surgery?
22 A Right.
23 Q "And will consult with" what?
24 A "Trauma services for critical care consult."
25 Q Right. So again we're talking about the same

www.phippsreporting.com
888-811-3408

- 1 thing. Dr. Mukesh agreed to the same, and he will
2 consult with trauma services for critical care
3 consultation -- "consult on patient arrival as decided
4 upon by Dr. Lopez and Dr. Davis's final" -- is it
5 "outcomes"?
- 6 A Yes.
- 7 Q -- "outcomes."
- 8 All right. So, again, you, Dr. Lopez, and we
9 had the other participants, and then we have the nurse
10 who's handling the transfer, and she understands, and
11 Dr. Mukesh understands that Ashley Perez is going to be
12 admitted, and then they'll consult with trauma services
13 for critical care on her arrival?
- 14 A He can request a trauma consult, which he did.
- 15 Q Uh-huh. Then the next one is "Dr. Lopez
16 called, requested to" -- that's -- I'm not sure if her
17 contraction is S, slash, W -- speak with. It must be
18 "speak with Dr. Davis, call connected."
- 19 And that's the call we talked about; right?
- 20 A Right.
- 21 Q All right. "Provided Dr. Davis with update."
22 And then at the bottom, do you see the last
23 thing, "Dr. Kumar"?
- 24 A Yes.
- 25 Q All right. "Dr. Kumar advised per instruction

www.phippsreporting.com
888-811-3408

- 1 matter whether they're on call or not; it's they would
2 be getting the services, the expertise of a trauma
3 surgeon/critical care/surgical in- -- surgical
4 intensive care physician; right?
- 5 A Yes.
- 6 MR. PUYA: It's Puya. Form.
- 7 BY MR. BARNHART:
- 8 Q All right. And that's what you -- apparently,
9 that's what you advised Dr. Kumar?
- 10 A I said you can request the consult. I never
11 said that it was guaranteed that the -- that they would
12 do the consult.
- 13 Q Well, you told him what to write. You said
14 "Write consult as follows:" quote, "Critical Care
15 Consult," end quote?
- 16 A Right.
- 17 Q That came from you?
- 18 A Yes, it did.
- 19 Q All right. Thank you.
- 20 MR. BARNHART: It's an extra copy. Or is
21 this -- okay.
- 22 BY MR. BARNHART:
- 23 Q So I want to show you a document that was sent
24 to us. And so in a lawsuit you can request certain
25 documents; right? You know that?

www.phippsreporting.com
888-811-3408

- 1 of Dr. Davis" -- that's you -- "to write consult as
2 follows," quote, "Critical Care Consult," end quote.
3 Did I read that correctly?
- 4 A Yes.
- 5 Q Did you tell him that?
- 6 A Yeah, I told him to ask for -- to request a
7 critical care consult.
- 8 Q Okay. And since he was the hospitalist, the
9 critical care consultations are provided by trauma
10 surgery; right?
- 11 A For the adult surgical patients.
- 12 Q That's right. So, I mean, just so we know
13 what we're talking about, he's supposed to write
14 "Consult as follows: Critical Care Consult," meaning
15 the trauma surgeons, whoever's on call at that point?
- 16 A No. It's the -- it's the trauma surgeons who
17 are off duty.
- 18 Q Okay. Well, a critical care consult means
19 trauma service, whoever it may be?
- 20 A No. It means the trauma surgeon who's not on
21 call, they can request a trauma surgeon who is not on
22 call to come see the patient, but they cannot request
23 the trauma surgeon who is on call to come see the
24 patient.
- 25 Q Okay. Well, I mean, to the patient it doesn't

www.phippsreporting.com
888-811-3408

- 1 A Yes.
- 2 Q And this is a "Directorship agreement," and
3 the director agreement is between Tenet St. Mary's, St.
4 Mary's Medical Center, and Robert Borrego, M.D.,
5 Director?
- 6 A Okay.
- 7 Q All right. And he's director of -- well, I
8 mean, it -- do you know what a recital is in a
9 contract; you have sentences in the beginning that says
10 essentially who's who?
- 11 A Right.
- 12 Q All right. So if you could read what I have
13 with me -- maybe you can't see that far -- recitals.
14 And the very first one is "Director," and that's
15 Dr. Borrego, "is a physician duly licensed to practice
16 medicine in the State of Florida ("State") and is
17 qualified in the specialties of Trauma Surgery,
18 Critical Care, General and Vascular Surgery"; right?
- 19 A Yes.
- 20 Q And that's pretty much what we just discussed,
21 except for vascular surgery?
- 22 A Right.
- 23 Q All right. And he and the other surgeons,
24 trauma surgeons, are qualified in all of those
25 specialties; right?

www.phippsreporting.com
888-811-3408

- 1 A Yes.
- 2 Q Okay. Let me -- so the contract goes on and
- 3 on. And now at Page 10, Paragraph 19, these are duties
- 4 that -- that he's supposed to do. And it says "Assist
- 5 Hospital in scheduling qualified trauma surgeons
- 6 credentialed to participate in the Trauma Center in
- 7 accordance with State and District requirements for all
- 8 in-house Trauma (surgery) Coverage shifts and all
- 9 on-call Trauma Service Back-up Coverage and Intensive
- 10 Care Unit Coverage shifts ensuring 24 hours/day, 360 --
- 11 365 days/year"; right?
- 12 A Right.
- 13 Q And it covers both, you know, trauma, trauma
- 14 back-up, and intensive care?
- 15 MR. WEBBER: Objection to form.
- 16 THE WITNESS: It doesn't cover anything
- 17 outside of trauma patients.
- 18 BY MR. BARNHART:
- 19 Q Well, have you read this agreement?
- 20 A Yes.
- 21 Q Is there any place in there that says this
- 22 only covers trauma people?
- 23 A Yes, the trauma contract. That's what it's
- 24 about.
- 25 Q Okay. So I --

www.phippsreporting.com
888-811-3408

- 1 A Yes.
- 2 Q Okay. When's the last time you read it?
- 3 A Two years ago.
- 4 Q And what was the occasion for reading it?
- 5 A I don't recall.
- 6 Q Okay. Give me a moment.
- 7 Did you have any -- when you were going
- 8 through the investigation afterwards, did your
- 9 investigation include what occurred at Wellington?
- 10 MR. WEBBER: Objection to the form.
- 11 THE WITNESS: I don't remember exactly how
- 12 much information we had from Wellington. We did
- 13 manage to get ahold of the ultrasound report,
- 14 though.
- 15 BY MR. BARNHART:
- 16 Q Right. You talked about that. But did it
- 17 include what went on at Wellington? I mean, did you
- 18 say -- I mean, one of the reasons you investigate is to
- 19 make sure that things like this don't happen again;
- 20 right?
- 21 A Right.
- 22 Q It's quality control. So did you look to see
- 23 what had happened at Wellington as to why -- who was
- 24 there during the call, whether or not the general
- 25 surgeon either should or should not have come in,

www.phippsreporting.com
888-811-3408

- 1 A It's not about anything else other than
- 2 trauma.
- 3 Q Well, I understand that's -- that's your
- 4 thought. But, I mean, this is the Directorship
- 5 Agreement with Dr. Borrego on behalf of his trauma unit
- 6 or his trauma company.
- 7 Is there anything in this agreement that says
- 8 this is only limited to trauma patients?
- 9 MR. WEBBER: Objection to form.
- 10 THE WITNESS: What does the title say?
- 11 BY MR. BARNHART:
- 12 Q "Directorship Agreement."
- 13 A For trauma services.
- 14 Q No. It says "Directorship Agreement." Take a
- 15 look at it. Did I read that right?
- 16 A What does the first paragraph say?
- 17 Q "This Directorship Agreement is made and
- 18 entered into as of the later" -- "is made and entered
- 19 into as of the (latter) of December 1(st), 2012, or the
- 20 execution of the Agreement by both parties (the
- 21 'Effective Date') by and between Tenet St. Mary's ...
- 22 and St. Mary's Medical Center and Robert Borrego ...
- 23 ('Director')."
- 24 That's the first paragraph that we read
- 25 before. Have you ever read this?

www.phippsreporting.com
888-811-3408

- 1 whether there was an unreasonable delay in transferring
- 2 her? Did you look at those issues?
- 3 A We did.
- 4 MS. SAPERSTEIN: Form. Paige.
- 5 BY MR. BARNHART:
- 6 Q Did you come to any conclusions about the
- 7 six-and-a-half-hour delay in transferring her?
- 8 MS. SAPERSTEIN: Form.
- 9 MR. WEBBER: Objection to form. Again, we're
- 10 sort of entering into the peer review privilege.
- 11 MR. BARNHART: Not yet. Not yet.
- 12 THE WITNESS: We came to a lot of conclusions.
- 13 BY MR. BARNHART:
- 14 Q All right. Well, let me -- let me talk about
- 15 Wellington specifically. You told -- you've told us
- 16 several times that you looked at the ultrasound report.
- 17 A Yes.
- 18 Q Did you speak to anybody from Wellington?
- 19 A No.
- 20 Q Did anybody -- maybe not you, because you've
- 21 told us what you looked at. Did anybody look at the
- 22 records from Wellington, the medical records of Ashley
- 23 Perez?
- 24 A I think we got some records. I don't think we
- 25 got all of them, though.

www.phippsreporting.com
888-811-3408

- 1 Q Do you know what records you got?
 2 A No.
 3 Q Do you know who looked at them?
 4 A It could have been the chief of staff.
 5 Q And who would that have been?
 6 A That would have been Tom Saylor.
 7 Q In 2014?
 8 A I believe he was chief of staff then.
 9 Q And what's his specialty?
 10 A Hand surgery.
 11 Q Hand surgery.
 12 All right. Do you know what he looked at in
 13 addition to -- maybe he didn't even see the ultrasound
 14 report. Do you know what he looked at?
 15 A No, I don't.
 16 Q Do you know to whom he spoke?
 17 A No.
 18 Q Do you know if he looked at telephone records?
 19 A No, I don't.
 20 Q Do you know if he looked at ambulance records,
 21 the ambulance that took Ashley from Wellington to
 22 St. Mary's?
 23 A I think we did get that.
 24 Q Okay. Did you look at them or somebody else?
 25 A I don't recall seeing them.

www.phippsreporting.com
 888-811-3408

- 1 you conceive of how a six-and-a-half-hour delay could
 2 have -- could be a problem with a patient who is
 3 bleeding?
 4 MR. WEBBER: Objection to form.
 5 MS. SCHOENTHAL: Form.
 6 THE WITNESS: The patient did not need to be
 7 transferred to St. Mary's because it was not
 8 necessary.
 9 BY MR. BARNHART:
 10 Q Okay. Well, you're ask -- you're answering a
 11 question I didn't ask.
 12 And so, again, my question is: Can you
 13 conceive of how a six-and-a-half-hour delay could be a
 14 problem with somebody who is bleeding?
 15 MR. WEBBER: Objection to form.
 16 THE WITNESS: Yes.
 17 BY MR. BARNHART:
 18 Q All right. So I know that you and whoever
 19 else was looking at this didn't practice at Wellington,
 20 I take it.
 21 A Correct.
 22 Q All right. But, nonetheless, to insure that
 23 this never happened again or that things like this
 24 don't happen, did you communicate with anybody at
 25 Wellington who may have investigated their own conduct?

www.phippsreporting.com
 888-811-3408

- 1 Q All right. So let me direct my question. You
 2 said you came to a bunch of conclusions. Did you come
 3 to any conclusions relative to Wellington?
 4 A No, because we had no -- we have no right to
 5 investigate Wellington. We have -- our right was --
 6 our purpose was to investigate Dr. Lopez.
 7 Q Well, and anybody else; right? Or did you
 8 single him out right away?
 9 MR. WEBBER: Objection to form.
 10 THE WITNESS: The problem was with Dr. Lopez.
 11 BY MR. BARNHART:
 12 Q Uh-huh. Do you think a six-and-a-half-hour
 13 delay in transferring a patient who is bleeding might
 14 be a problem? Can you possibly --
 15 MS. SCHOENTHAL: Form.
 16 BY MR. BARNHART:
 17 Q -- conceive it might be a problem?
 18 THE WITNESS: Again --
 19 MS. SCHOENTHAL: Form.
 20 THE WITNESS: -- the patient should have gone
 21 back to the OR at Wellington; they wouldn't have
 22 had that six-and-a-half-hour delay. The patient
 23 would have been fine.
 24 BY MR. BARNHART:
 25 Q Let me -- let me ask that question again. Can

www.phippsreporting.com
 888-811-3408

- 1 MR. WEBBER: Objection to form.
 2 THE WITNESS: I did not.
 3 BY MR. BARNHART:
 4 Q Do you know anybody who did?
 5 A No.
 6 Q Have you ever been sued before?
 7 A Yes.
 8 Q How many times?
 9 A Three or four, four or five. I don't know.
 10 Q Okay. Are they all in Florida?
 11 A Yes.
 12 Q Okay. And when is the last time you were
 13 sued?
 14 A When did we get this? I don't remember.
 15 Q Okay. And what are the occasions for which
 16 you've been sued as a doctor. I'm not talking about a
 17 divorce or something like that or a breach of contract.
 18 I'm talking about an action for medical malpractice.
 19 A Wrongful death.
 20 Q Were you the emergency physician?
 21 A Yes.
 22 Q And, very briefly, what was alleged to have
 23 occurred?
 24 A A missed myocardial infarction.
 25 Q Okay. And what happened with that case?

www.phippsreporting.com
 888-811-3408

- 1 A The patient came in with --
 2 Q I mean did it -- the end of it. Did it -- did
 3 it go to trial? Did it settle?
 4 A It did not go to trial. It settled for, I
 5 think, \$200,000.
 6 Q When was that?
 7 A I think around 2000.
 8 Q Okay. And where were you at that time?
 9 MR. WEBBER: And I'm just going to caution
 10 you, don't give out any number amounts because
 11 those might be subject to confidentiality
 12 agreements as part of the settlement.
 13 MR. BARNHART: It might be, but this is a
 14 court proceeding.
 15 BY MR. BARNHART:
 16 Q So what institution were you at?
 17 A Palms West Hospital.
 18 Q All right. And what was the name of the
 19 patient?
 20 A I don't recall.
 21 Q You don't? All right.
 22 How about the next time you were sued?
 23 A That was the last time.
 24 Q Okay. What was the time before that?
 25 A Um, it was a lady that came in with a ruptured

www.phippsreporting.com
 888-811-3408

- 1 patient?
 2 A No.
 3 Q And what institution were you affiliated with
 4 at that time?
 5 A Palms West.
 6 Q Palms West.
 7 All right. And what was the time before that?
 8 A I don't recall. The -- there was a case of a
 9 kid that came in with a head injury. I correctly made
 10 the diagnosis, flew in the helicopter to Delray Trauma
 11 Center. And the patient got operated on, did fine.
 12 And I got sued for delay in diagnosis, but it was
 13 ultimately dropped.
 14 Q Meaning -- did it settle with others, or the
 15 case was dropped?
 16 A I believe the case was dropped.
 17 Q All right. Do you remember the name of the
 18 patient?
 19 A No.
 20 Q And were you associated with Palms West at
 21 that time?
 22 A I think I was working there and JFK.
 23 Q So which hospital did it involve?
 24 A JFK.
 25 Q JFK.

www.phippsreporting.com
 888-811-3408

- 1 diverticulum, and I correctly diagnosed the patient and
 2 called her private physician and got the patient
 3 admitted.
 4 The private physician asked for a surgical
 5 consult. The surgeon failed to see the patient for
 6 24 hours. The patient deteriorated and then ultimately
 7 died three months later.
 8 Q All right. And what was the resolution of
 9 that case?
 10 A That was a case with your firm that there was
 11 40 defendants.
 12 Q Okay. So what -- what happened? Did it
 13 settle? Did it go to trial?
 14 A I don't know if it ult- -- went to trial. My
 15 part settled.
 16 Q Okay. So there was a payment of funds from
 17 your insurance company?
 18 A Yes.
 19 Q All right. And what was the name of that
 20 patient?
 21 A I don't recall that, either.
 22 Q But it was Searcy Denney Scarola Barnhart &
 23 Shipley that brought that case?
 24 A Yes.
 25 Q And you don't remember the name of the

www.phippsreporting.com
 888-811-3408

- 1 And the time before that?
 2 A When I first got out of training, there was
 3 a -- a baby that was sent in by -- I'm sorry -- came --
 4 walked in by -- a Haitian baby brought in by
 5 non-English-speaking parents who was three months old,
 6 I believe.
 7 And the patient was dehydrated, and so the
 8 patient was rehydrated in the emergency department and
 9 sent to -- at the time -- at that time Dr. Rojero
 10 [phonetic] was the head of our children's medical
 11 services in West Palm Beach, and he wanted me to send
 12 the patient for him to evaluate.
 13 So we did that. And for some reason, the
 14 patient didn't get there for several hours, and the
 15 patient arrested at that time.
 16 Q And died?
 17 A Yes.
 18 Q And so what was -- do you remember the name of
 19 the baby that died?
 20 A No.
 21 Q And what -- what was the resolution of that
 22 case?
 23 A It was a settlement, but I don't remember the
 24 dollar amount.
 25 Q And a settlement made on your behalf --

www.phippsreporting.com
 888-811-3408

- 1 A Yes.
 2 Q -- by the hospital?
 3 A By my insurance company.
 4 Q By your insurance company.
 5 All right. And the time before that?
 6 A I think that's it, but I'm not positive.
 7 Q That's four.
 8 A I think that's it.
 9 Q All right. Do you have hospital privileges at
 10 any hospital up here in Jacksonville?
 11 A No.
 12 Q Have you sought hospital privileges?
 13 A No.
 14 Q And what I believe you told us is that you run
 15 the -- you called them occupational health centers?
 16 A Concentra, Concentra Urgent Care Center.
 17 Q Urgent care centers. All right.
 18 And you said you still see patients and that's
 19 just on a walk-in basis?
 20 A Right.
 21 Q Do you see patients thereafter, or just they
 22 walk in, they've got a cut finger or whatever it is,
 23 and they --
 24 A The occupational medicine patients are
 25 followed until they're better.

www.phippsreporting.com
 888-811-3408

- 1 MR. PUYA: I literally have my mouth like one
 2 inch from the phone.
 3 MR. BARNHART: I'm trying to -- that's not a
 4 very appealing sight, actually. But go ahead and
 5 speak up as much as you can.
 6 MR. PUYA: Is it better now?
 7 MR. BARNHART: Yes.
 8 MR. WEBBER: Yes.
 9 MR. PUYA: Is it better now?
 10 MR. WEBBER: Yes.
 11 CROSS-EXAMINATION
 12 BY MR. PUYA:
 13 Q Hi, Dr. Davis. How are you doing?
 14 A Good.
 15 Q This is Keith Puya again.
 16 A couple of questions. I know you mentioned
 17 several times to Mr. Barnhart about the obligations and
 18 responsibilities of the trauma surgeon when the trauma
 19 surgeon is on call for the trauma unit at St. Mary's.
 20 Do you remember those questions?
 21 A Yes.
 22 Q And your belief and your understanding that
 23 the trauma surgeon's responsibilities are, while on
 24 call, to trauma patients who come in through the trauma
 25 service?

www.phippsreporting.com
 888-811-3408

- 1 Q Okay. Is that in your line of work, though?
 2 I mean, your specialty is emergency medicine. Do you
 3 have other physicians, like physiatrists,
 4 rehabilitation specialists?
 5 A No.
 6 Q No?
 7 A There's only people that are occupational
 8 medicine trained or emergency medicine trained. That's
 9 the only two specialists that they hire.
 10 Q Is that a full-time job?
 11 A Yes.
 12 Q Do you see patients on the side? Do you
 13 moonlight at any hospitals?
 14 A No.
 15 MR. BARNHART: Okay. I don't have anything
 16 else. Thank you, Doctor.
 17 MR. WEBBER: Anybody on the phone have
 18 anything?
 19 MR. PUYA: This is Puya. I have a couple of
 20 questions for the doctor.
 21 MR. WEBBER: Okay. You're going to have to --
 22 Keith, you're going to have to speak up.
 23 MR. PUYA: Can you guys hear me?
 24 COURT REPORTER: No.
 25 MR. WEBBER: Barely.

www.phippsreporting.com
 888-811-3408

- 1 A Yes.
 2 Q Is that correct?
 3 A Yes.
 4 Q Did you ever at any point in time as part of
 5 your duties and responsibilities as chief medical
 6 officer ever believe that Ashley Perez qualified as and
 7 met the definition of a trauma patient?
 8 A No, she did not. And even if she had HELLP
 9 syndrome with a bleeding liver, she would not meet the
 10 criteria of a trauma patient.
 11 Q Okay. Is there a -- is there a protocol that
 12 the trauma surgeons follow? In other words, are there
 13 guidelines that trauma surgeons have to comply with in
 14 terms of what constitutes a trauma or
 15 traumatically-related or induced injury?
 16 A Yes, they're the Trauma Interfacility Transfer
 17 Guidelines that Dr. Borrego and I formulated in 1991,
 18 which were subsequently adopted by the State.
 19 Q Is a suspected patient with HELLP syndrome one
 20 of the conditions that falls under or within the
 21 definition of a trauma patient?
 22 A No.
 23 Q Do you know why it was that Dr. Lopez did not
 24 at least attempt at Wellington -- or excuse me -- at
 25 Palms West -- or I guess it was Wellington. Excuse me.

www.phippsreporting.com
 888-811-3408

1 Wellington.
 2 -- to go back in through his C-cision --
 3 C-section incision to check to make sure that
 4 everything that he did relative to the C-section
 5 delivery and the subsequent tubal ligation were not the
 6 cause of this young lady's suspected problem?
 7 A I have no idea why he did not. I have an
 8 opinion, but I'll skip that for now.
 9 Q Yeah. I didn't know if that ever came up,
 10 where that question was asked, in as much as given the
 11 temporal relationship between the surgery on this
 12 patient as part of her C-section delivery and
 13 subsequent tubal ligation that she then develops what's
 14 perceived to be a complication.
 15 The first thought, and I'm wondering if you
 16 had this thought, would be, perhaps, to explore the
 17 surgical site.
 18 A Of course.
 19 Q Did that ever come up?
 20 A It did. And Dr. Borrego told Dr. Lopez that
 21 that's what he needed to do, to take the patient back
 22 to the OR at Wellington. And Dr. Borrego told him, "If
 23 you the transfer this patient, she's going to die. She
 24 needs to go back to the OR at Wellington."
 25 He also said that -- "You know, if you would

www.phippsreporting.com
 888-811-3408

1 THE WITNESS: That's absolutely correct.
 2 BY MR. PUYA:
 3 Q That's not the scenario that we're talking
 4 about as it relates to Ashley Perez, because she was
 5 never deemed to be or accepted to be a trauma patient
 6 pursuant to the trauma guidelines?
 7 A That's correct.
 8 MR. PUYA: All right. That's all I have,
 9 Dr. Davis. Thank you for answering those few
 10 questions.
 11 MR. WEBBER: Does anybody else have anything
 12 on the phone?
 13 MS. SCHOENTHAL: I do not. This is Liz
 14 Schoenthal.
 15 COURT REPORTER: Who is that?
 16 MR. BARNHART: What did she say?
 17 MS. SAPERSTEIN: None for me. Thank you.
 18 This is Paige.
 19 MR. WEBBER: Liz said no, and Paige said no.
 20 MS. PICCIRILLO: None for me.
 21 MR. WEBBER: Alyssa said no.
 22 Okay. So I have a few to follow up to
 23 Mr. Puya.
 24 REDIRECT EXAMINATION
 25 BY MR. BARNHART:

www.phippsreporting.com
 888-811-3408

1 have asked me nicely, I would have been willing to come
 2 out to Wellington to help you." But all he did was
 3 threaten him.
 4 Q In this particular case, do you agree with the
 5 decision that was made by Dr. El-Haddad not to accept
 6 Ms. Perez as a trauma patient?
 7 A 100 percent.
 8 Q You were asked some questions about the
 9 critical care unit at St. Mary's and the obligations of
 10 the trauma surgeons to provide critical care services.
 11 Remember those questions by Mr. Barnhart?
 12 A Right.
 13 Q Did I understand your testimony to be that
 14 that responsibility with respect to the critical care
 15 unit, the trauma surgeon's duties to provide services,
 16 deals with patients that came in through the trauma
 17 service?
 18 A Yes.
 19 Q In other words, when the patient would leave
 20 the operating room as a result of whatever traumatic
 21 injury he or she sustained and then would go into the
 22 critical care unit, the trauma surgeons would then be
 23 responsible for managing and taking care of that
 24 patient in the critical care?
 25 MR. BARNHART: Objection to form.

www.phippsreporting.com
 888-811-3408

1 Q You told Mr. Puya, and I think you told us
 2 before, that you didn't consider Ashley to be a trauma
 3 patient; correct?
 4 A Correct.
 5 Q But she was certainly a critical care patient,
 6 wasn't she?
 7 A She was a post-op patient that required
 8 intervention.
 9 Q Right. She was in critical care -- she was in
 10 critical condition, rather?
 11 A Yeah, she was.
 12 Q All right. And then you told Mr. Puya on the
 13 phone that Dr. Borrego told Dr. Lopez to back in and do
 14 surgery himself. Does that appear on any of the phone
 15 records that you reviewed?
 16 A No.
 17 Q I mean, there are 17, 18, whatever it is phone
 18 calls that are recorded, and that very important note
 19 that you just referred to of Dr. Borrego telling
 20 Dr. Lopez to go in himself doesn't appear.
 21 MR. WEBBER: Objection to form.
 22 BY MR. BARNHART:
 23 Q That's true, isn't it?
 24 A That's a direct quote from Dr. Borrego to me.
 25 Q All right. And you didn't tell Dr. --

www.phippsreporting.com
 888-811-3408

- 1 **Dr. Lopez to go back in himself, did you?**
 2 A No, because I was given erroneous information.
 3 **Q Uh-huh. So do you know when this phone call**
 4 **allegedly occurred where Dr. Borrego said, Go back in**
 5 **yourself?**
 6 A That same night. I don't know --
 7 **Q When, though?**
 8 A I think it was in the initial phone call
 9 between Dr. Borrego and Dr. Lopez.
 10 **Q Well, but we know the initial phone call was**
 11 **recorded; right? Nurse Filippone is the one that set**
 12 **it up.**
 13 A I believe there was a section of crosstalk
 14 here, but I don't know if that was that particular one
 15 or another one.
 16 **Q What do you mean, "crosstalk"? You mean the**
 17 **transcriptionist didn't get it?**
 18 A They were both talking -- yelling at each
 19 other at the same time.
 20 **Q Okay. Well, I mean, people do that on phone**
 21 **conversations; they interrupt.**
 22 A Yeah.
 23 **Q It happens in depositions, believe it or not.**
 24 **But so we know Dr. Lopez's phone records. And**
 25 **if his phone records only show the phone calls that**

www.phippsreporting.com
888-811-3408

- 1 **Q Uh-huh. And so the records that you have**
 2 **seen, the transcriptions that you've read in this case,**
 3 **is there any mention in any of those transcriptions**
 4 **between Dr. Lopez and Dr. Borrego, and probably Nurse**
 5 **Filippone because she's arranging them, where**
 6 **Dr. Borrego tells Dr. Lopez to go back in surgically?**
 7 MR. WEBBER: Objection to form.
 8 THE WITNESS: Not in what I've seen today.
 9 MR. BARNHART: Right. All right. Thank you,
 10 Doctor.
 11 MR. WEBBER: That's it. We'll read.
 12 VIDEOGRAPHER: The time is now 1:51, and this
 13 concludes the deposition of Dr. William Jeffery
 14 Davis. And we are now off the record.
 15 (Discussion held off the record.)
 16 MR. BARNHART: Let's go back on the record.
 17 We'll mark that as Exhibit 3.
 18 Do you know where that is?
 19 (Discussion held off the record.)
 20 MR. BARNHART: Okay. Let's go back on the
 21 record.
 22 And, by agreement, we are marking the
 23 Directorship Agreement to which we referred during
 24 the latter part of the deposition as Plaintiffs'
 25 Exhibit 3.

www.phippsreporting.com
888-811-3408

- 1 **took place other than personal phone calls, it should**
 2 **have appeared in the recorded phone call transcripts;**
 3 **right?**
 4 MR. WEBBER: Objection to form.
 5 BY MR. BARNHART:
 6 **Q Right?**
 7 A If that's what you're saying, I -- you know,
 8 I've known Dr. Borrego for almost 30 years. I have
 9 never known him once to tell a lie, not once. However,
 10 Dr. Lopez I've known to tell multiple lies.
 11 **Q Did I -- did I ask you who has told you lies**
 12 **over time?**
 13 A I tend to believe Dr. Borrego and not
 14 Dr. Lopez.
 15 **Q Okay. Well, let's go back to what the actual**
 16 **evidence is. You haven't looked at Dr. Lopez's phone**
 17 **records, have you?**
 18 A Let me ask you something.
 19 **Q You have not looked at Dr. Lopez's phone**
 20 **records?**
 21 A No, I have not.
 22 **Q All right. Like all the lawyers who --**
 23 A Just because you have the telephone number
 24 doesn't mean that he can't call from other records --
 25 from other phones.

www.phippsreporting.com
888-811-3408

- 1 (Whereupon Plaintiffs' Exhibit No. 3 was
 2 marked for identification.)
 3 (Whereupon, at 1:56 p.m., the witness was
 4 excused.)
 5 ---
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

www.phippsreporting.com
888-811-3408

1 DEPOSITION CERTIFICATE

2 STATE OF FLORIDA)

3 COUNTY OF DUVAL)

4 I, Suzanne R. Robinson, Registered

5 Professional Reporter, certify that I was authorized to

6 and did stenographically report the deposition of

7 WILLIAM JEFFREY DAVIS, D.O.; that a review of the

8 transcript was requested; and that the transcript is a

9 true and complete record of my stenographic notes.

10 I further certify that I am not a relative,

11 employee, attorney or counsel of any of the parties,

12 nor am I a relative or employee of any of the parties'

13 attorneys or counsel connected with the action, nor am

14 I financially interested in the action.

15 Dated this 13th day of July, 2017.

16

17

Suzanne R. Robinson, Registered
Professional Reporter

18

19

20

21

22

23

24

25

www.phippsreporting.com
888-811-3408

1 ERRATA SHEET

2 IN RE: EDMUNDO PEREZ, et al vs. WELLINGTON REGIONAL

3 MEDICAL CENTER, INC., et al

4

5 PAGE LINE CHANGE REASON

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Under penalties of perjury, I declare that I have read
my deposition and that it is true and correct subject
to any changes in form or substance entered here.

www.phippsreporting.com
888-811-3408

1 CERTIFICATE OF OATH

2 STATE OF FLORIDA)

3 COUNTY OF DUVAL)

4 I, the undersigned authority, certify that

5 WILLIAM JEFFREY DAVIS, D.O. personally appeared before

6 me on June 30, 2017, and was duly sworn.

7 WITNESS my hand and official seal this 13th

8 day of July, 2017.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Suzanne R. Robinson
Notary Public, State of Florida.
My Commission No. FF 207924
Expires April 24, 2019.

Produced Identification: No
Type of Identification Produced:
Credible Witness

www.phippsreporting.com
888-811-3408

A	10:13 12:10	126:1	answer 20:2	87:18
a.m 2:8 6:2	15:17 16:23	agreement 5:18	27:8,11,16	appreciate
abbreviation	17:6,18 20:8	129:2,3 130:19	28:13 34:19	73:12 94:19
121:25	21:3 30:13,24	131:5,7,12,14	60:3 66:24	104:14
abdomen 69:9	39:13,14	131:17,20	76:15 77:9,13	approached
98:5	administrator	152:22,23	90:16 109:15	15:17
ability 77:14	17:16 42:11	agreements 21:6	110:5,14	appropriate
able 104:14	administrators	27:1 138:12	113:10,12	45:25 46:5
absolute 26:1	55:21	agrees 121:23	117:9 124:20	60:23 62:5
absolutely 77:4	admit 56:19	122:20	answered	78:9,12 112:3
110:3 111:9,15	121:16 122:17	ahead 18:19	113:20,25	112:5,6,14
148:1	125:20	27:6,16 28:4,7	answering	113:1,2,22,23
absurd 112:9	admittance	84:18 94:13	136:10 148:9	114:2,5,6,8
accept 50:19	39:12	113:14,17,18	anybody 66:14	118:17
55:13 73:2,6	admitted 122:19	144:4	107:6 109:10	appropriately
79:15 80:23	123:5,5 124:3	AHecht@sear...	119:24 133:18	45:21
81:16 123:24	124:4,17	3:7	133:20,21	appropriateness
147:5	126:12 139:3	Ahmed 1:16	135:7 136:24	14:9
acceptance 5:16	admitting 20:25	67:24	137:4 143:17	approved 22:1
38:14,19 39:2	59:20	ahold 132:13	148:11	104:15
52:6,16,16	adopted 145:18	al 156:2,3	anyway 47:22	approximately
accepted 17:10	adult 127:11	Alex 94:5	64:9 81:22	13:20
17:10,15 39:16	Advanced 1:12	alleged 137:22	97:2 119:20	April 39:10
82:2 85:8,10	4:16	allegedly 150:4	apiccirillo@c...	155:11
148:5	advise 121:13	allowed 66:6	4:6	area 17:13
accepting 51:19	122:14 123:1	84:10	apologize 112:2	argumentative
57:23	advised 126:25	Alyssa 4:2 6:16	apparent 1:11	81:14
accurately 18:5	128:9	148:21	1:15 74:15	arranged 67:25
61:25	advocating 74:6	AMALIA 1:6	apparently	arranging 152:5
action 137:18	affidavit 34:10	amazing 112:10	55:15 59:23	arrest 45:8,20
154:13,14	affiliated 140:3	amazingly 74:10	73:4 77:25	45:23 46:10
actions 113:7	affirmed 29:19	ambulance	81:5 82:17	arrested 42:17
activities 30:12	agency 15:8,10	43:16,23,24	88:21 89:3	42:23 43:7,13
actual 12:11	agent 36:8	71:5 75:12	91:16 92:2	43:15 45:7,13
21:10 151:15	agents 1:11,11	134:20,21	95:23 108:24	46:7,14 71:3
Adam 3:2 6:7	1:15,15	amended 29:2,4	109:3 128:8	141:15
73:9 81:1	ago 26:13 27:18	29:6,19	appealing 144:4	arrests 43:22
add 94:12	28:21 31:8	amendments	appear 149:14	45:2,5
added 88:16	32:11 57:23	29:8,11,15,23	149:20	arrival 44:7
addition 11:19	105:17 132:3	30:1	appearances 3:1	121:20 122:18
13:14 32:8	agree 40:6 47:19	amount 141:24	4:1 6:4	122:18,20
134:13	48:1,12,16,21	amounts 138:10	appeared 151:2	123:6 126:3,13
address 7:15	73:4,5 74:3,5	analysis 37:24	155:5	arrived 44:9
administration	100:2,17,19	38:1,1,4	Appearing 3:8	arrow 89:11
22:2	118:11 147:4	anesthesiologist	3:16,24 4:7,14	artery 63:3,7,11
administrative	agreed 104:8	47:10	4:22	64:16,18,18
	106:3 125:16	announce 6:4	appears 69:9	74:9 114:13

Ashley 1:5 35:3 36:21 38:9 39:16 52:19 63:6 119:25 123:4 124:3 126:11 133:22 134:21 145:6 148:4 149:2 asked 15:18 32:8 48:3,3,19 101:17 110:14 113:25 139:4 146:10 147:1,8 asking 27:17 aspect 26:22 aspects 58:16 assigned 25:3 58:21 Assist 130:4 assisted 100:19 101:1 associated 140:20 ASSOCIATES 1:14,16,17 association 4:23 4:23 6:12,13 6:20 assume 48:18 55:12 78:18 97:21 99:19 assuming 61:24 astronomically 76:23 AT&T 89:3 90:22 Atlantis 11:21 attack 66:7 attempt 145:24 attended 17:4 attention 37:20 attorney 33:7,11 154:11 attorneys 154:13 authority 82:5 155:4	authorized 154:5 automatically 59:6 Avenue 3:21 4:11 aware 13:25 19:8 93:24 98:3 111:20 <hr/> B B 1:16 5:1,11 baby 76:10 141:3,4,19 back 9:18 10:21 15:7 22:8 42:22 50:13,14 50:18 60:14 81:21 89:4,14 113:15 116:4 122:8 123:20 135:21 146:2 146:21,24 149:13 150:1,4 151:15 152:6 152:16,20 back-up 130:9 130:14 background 8:12 9:19 17:18 bad 93:25 Barely 143:25 Barnhart 3:2,4 5:5,7 6:7,7 7:11 8:7 20:4 24:15,18,20,21 25:8 26:25 27:5,19,22 28:5,15,18 30:5 34:22 38:17,23 40:24 41:7,15,23 42:4 44:16 47:5 48:6,9,17 49:2,15,24 50:4,6,10,13	50:17 52:9 60:6 61:6,15 61:17,19 62:3 63:2,12 64:3 65:9,15 66:23 67:7,14 68:15 69:18,22 70:24 72:6,13,22,24 73:9,10 74:12 78:14 79:22,24 80:8,12,14,25 81:3,20 82:4 83:24 85:2,20 86:1 87:2,5,6 90:1,5,8,14,21 90:23 91:5,9 91:13,14 92:8 94:22,24 95:2 95:4,8,13 98:19,22 99:12 100:11 101:11 102:7,9,11,16 102:23 103:2,4 103:25 108:5,9 113:8,21 114:4 115:3,18,21 116:24 117:19 120:8,14 122:9 122:13 123:11 123:19 124:10 124:22,23 128:7,20,22 130:18 131:11 132:15 133:5 133:11,13 135:11,16,24 136:9,17 137:3 138:13,15 143:15 144:3,7 144:17 147:11 147:25 148:16 148:25 149:22 151:5 152:9,16 152:20 Bart 31:12 based 25:23 26:1 30:14,15	45:12 49:8,11 93:15 116:18 123:2 bases 52:6 basic 119:18 basically 59:18 basis 44:17,19 44:23 52:5 53:11 142:19 bathroom 95:3 Bay 2:9 Beach 1:2,12,14 1:16,17 3:5,5 3:13 4:15,20 11:5,22,24,25 12:5,8,15 13:15 141:11 bed 55:14 bedside 106:12 beginning 22:12 129:9 behalf 1:11,14 2:5 3:8,16,24 4:7,14,22 6:8,9 6:11,15,17,19 7:7 131:5 141:25 behavior 73:22 belief 144:22 believe 33:21 45:12 51:11 66:13 70:20,25 71:1 87:13 88:25 94:10 116:10 120:1 134:8 140:16 141:6 142:14 145:6 150:13 150:23 151:13 Berto 67:23,23 89:18 92:20,21 112:9 best 77:13 Bethesda 11:1,4 better 42:8 82:22 142:25 144:6,9	beyond 14:21 87:8 99:25 Billing 3:11 Biosciences 9:23 bit 7:13 8:12 9:19 10:24 42:22 56:15 87:7 bled 71:20 bleed 64:14,14 64:17 103:16 103:22 105:5 108:1,3 bleeding 47:16 47:18 69:2 74:9,15 97:23 98:10 105:4,10 105:12 106:11 107:21,23 108:7,19,19 118:9 135:13 136:3,14 145:9 bleeds 108:1 blood 47:17 69:10 71:18,19 71:24 76:5,7 105:8,9 107:4 107:5,10,12 108:16 blue 68:22 69:24 blues 69:25 70:2 70:4 board 10:15 13:22,25 22:2 97:6,6 Board-certified 10:9,10 13:20 Bonner 4:10 bonuses 30:12 30:13,15 Borrego 1:15 3:16 6:10 23:14 31:11,13 43:7 45:6 78:18 82:23 83:20 85:17 86:10,19 87:8
--	---	---	---	---

88:8,9,13,21	C-level 31:1	calling 70:3	123:6,7,22	130:6 131:22
89:18,23 90:4	C-o-n-c-e-n-t...	calls 12:15 25:13	124:5,13,19	140:11 142:16
90:13,25 91:16	8:20	32:10 35:6,9	125:24 126:2	156:3
92:4,9,12,18	C-section 146:3	35:24 36:14,19	126:13 127:2,7	centers 142:15
93:18 94:14	146:4,12	38:8 45:10	127:9,14,18	142:17
96:4,8 102:8	call 17:16,19,20	52:14,14,17,25	128:4,14	CEO 16:22 20:7
115:11 125:11	24:2,7,9 35:9	53:9,13 54:2,6	129:18 130:10	30:8
129:4,15 131:5	36:1,6 51:24	54:19 55:7,19	130:14 142:16	certain 14:12
131:22 145:17	55:2,2 56:6	59:8,22,25	142:17 147:9	42:6 128:24
146:20,22	57:20 59:14,16	60:5,9 67:17	147:10,14,22	certainly 35:5
149:13,19,24	59:16 60:7	67:20 87:12	147:23,24	99:9 112:2
150:4,9 151:8	61:21 63:1	101:15 103:3	149:5,9	149:5
151:13 152:4,6	66:6,14 69:25	114:22 120:3	care/surgical	certification
Borrego's 89:12	70:2,4,15,17	124:2 149:18	128:3	10:16 13:22,24
bottom 93:21	72:1 73:12	150:25 151:1	carefully 84:14	13:25 14:2
105:23 111:22	77:25 78:7,22	capsule 69:11	case 1:3 33:5,13	23:24 116:9
126:22	79:23 82:20	87:19 93:2	34:9 35:2,3,13	certified 2:14
Boulevard 3:5	87:10,19 88:20	captain 19:10	35:15,16 37:24	83:15
box 51:24	89:9,10,22,25	car 62:11 66:3	47:20 56:5	certify 154:5,10
Boynton 11:5,22	90:3,7,9,19	Carbone 30:8	64:13 72:4,8	155:4
bracket 122:11	91:8,11 92:3	care 1:13 4:16	73:1,1,2,2 96:6	CFO 17:17
brain 36:25	92:10 94:1	8:25 9:2 12:3	96:14 100:20	change 15:16
64:22	96:15,16 97:10	13:11 14:9	101:1 108:3	156:5
branch 8:22	99:6,8,8	15:9 17:14,14	114:15 137:25	changes 156:23
breach 137:17	100:14 101:12	22:13,21,25,25	139:9,10,23	changing 15:18
break 95:3,5	101:17 102:3,5	23:19,21,22,25	140:8,15,16	105:16
Brenda 57:15,18	121:14 122:15	24:2,10,10,11	141:22 147:4	charge 24:5
59:10	126:18,19	24:11 25:18,23	152:2	Chauncey 57:7
Brief 95:9	127:15,21,22	28:23 31:14,22	cause 37:24,25	57:9
briefly 137:22	127:23 128:1	55:12 56:21,25	38:4 64:19,19	check 146:3
brought 37:19	132:24 144:19	59:1,3 62:15	64:22,24 76:7	checked 51:14
139:23 141:4	144:24 150:3,8	62:15,17,19,25	76:12 77:5	chief 15:20,23
Bulfin 31:3	150:10 151:2	65:3 73:25	146:6	17:1 18:22
bullet 39:19	151:24	81:6 83:6,12	caused 62:8,21	19:19 20:13,22
bullshit 92:20	called 9:2 36:3,4	83:19,21 84:10	64:4	30:7,19,20,20
bunch 13:5	36:7 38:19	84:21 85:13,18	caution 138:9	31:3,6 62:4
135:2	43:9 47:6	85:18,23 86:5	cell 88:24	66:9,11 73:23
business 99:18	57:22 59:10	99:9 100:14	cells 71:16,18	94:4 134:4,8
businessman 9:8	68:22 69:24	107:13 110:2	center 1:10,12	145:5
buys 69:5	88:20,21,24	110:21 111:2,5	1:13,13 3:24	children's
by-laws 85:17	89:1,13,14,14	111:6,13,14,14	4:15 5:17 6:15	141:10
	91:1,10,21	111:19,24,25	8:25 11:20	Chimpoulis 4:3
C	93:23 97:22,23	112:4,6,11,14	15:3,21 17:10	CIRCUIT 1:1,1
C 3:10 5:1	121:8,13	113:1,23 114:2	17:21,22,25	circumstances
121:23 154:1,1	122:14,25	114:6 115:5	18:4 25:13	15:5 18:13
155:1,1	126:16 139:2	118:17 121:19	36:11 91:8	City 9:22
C-cision 146:2	142:15	122:19,21	120:16 129:4	clarification

99:5	111:10,18	35:20 36:24	139:5	101:20,22
clarify 102:17	common 76:15	conclusions	Consult,' 127:2	102:10,14
102:25	118:8	133:6,12 135:2	consultation	108:14 118:15
clear 98:6	communicate	135:3	68:7 91:23	conversations
clearly 62:11	70:8 136:24	condescending	126:3	53:15 54:10
69:13	communicated	78:13	consultations	101:22 119:24
clinic 8:15	52:5	condition 48:24	127:9	123:2 150:21
clinical 17:17	companies	51:12,14 77:3	consulted 17:9	convey 33:25
clinics 9:16	14:10	116:11 117:16	consulting 18:16	cool 107:15
clocks 90:19	company 19:21	149:10	18:21 19:21	cooperate 112:3
close 15:19	89:3 131:6	conditions 42:6	123:22	copy 34:3 79:23
30:22	139:17 142:3,4	50:18 145:20	consumers	80:24 86:25
clue 57:10	company's	conduct 136:25	110:22	89:2 120:6
co-manage 58:7	43:24	conducted 38:5	Cont 4:1	128:20
Cochran 3:11	compensated	conference	contacted 33:20	Coral 4:12
code 43:8 68:22	68:21	32:25 121:14	continually	Corporation
69:14,19,24,25	compensation	122:15	14:21	16:12,19
70:2,4,9	9:4	conferences	continue 77:18	correct 10:19
108:11	complain 110:23	32:14,19	106:5	16:17 20:7
codes 69:19 70:7	complaint 34:4	conferring 94:23	continued 59:16	23:17,18 37:4
70:21 71:1	34:4	confidentiality	continuing	38:15,16 39:11
Cohen 3:20	complaints	138:11	103:15,22	39:17,24 40:1
collaborated	20:15	confine 37:6	contract 16:9	41:4,13 49:5
31:17	complete 154:9	connected 59:11	21:10 22:14	49:16 51:4,15
collect 44:20	completely 96:8	60:18 83:1	23:7,8,11	51:19 52:10
college 9:20	108:3	121:14 122:15	25:19 31:20	53:9 57:1 58:5
come 24:3 35:20	complication	126:18 154:13	32:1 63:21	58:13 64:6
41:16 48:3	46:23 146:14	connecting 60:9	73:6,8 93:19	68:24 69:7,15
57:14 60:7	complications	consider 149:2	94:16,17 129:9	69:17,19 70:8
66:17 78:21	118:1,2,4,9	consistent 87:16	130:2,23	72:20 76:5,6,9
110:22 115:14	Complies 6:23	consolidated	137:17	76:11,13,16
119:4 120:22	51:2	11:25 12:5	contraction	79:1 84:24
127:22,23	comply 145:13	consolidation	126:17	85:14 87:5,11
132:25 133:6	components	12:2 13:6	contracts 22:6	87:19,23 88:22
135:2 144:24	30:16	constitutes	31:21	92:4,21 93:7
146:19 147:1	conceive 135:17	145:14	control 105:4,10	98:13 99:22
comes 37:11	136:1,13	constrict 69:1	105:11 110:23	100:8 101:8,9
124:5	Concentra 8:14	consult 91:23	132:22	103:6 105:4,13
coming 67:22	8:18,19 9:2	103:9 104:10	convenient	107:23 108:24
71:13 112:9	32:5 142:16,16	104:11 121:19	44:22	109:5 113:3
121:4,7	concern 109:25	122:20,21	conversation	122:22 123:22
Commission	110:20	123:6,7 124:19	57:14 61:24	136:21 145:2
29:5,20 155:11	concerning	125:10,23,24	62:1 67:25	148:1,7 149:3
committee 38:3	119:25	126:2,3,12,14	68:3,4 77:24	149:4 156:22
111:1,13	concludes	127:1,7,14,14	79:3,20 86:10	correctly 69:24
committees 17:5	152:13	127:18 128:10	86:11,15 94:20	94:9 124:24
17:6 110:1,21	conclusion	128:12,14,15	95:16 97:16,21	127:3 139:1

Cortina 4:10	23:19,21,22,25	78:24,25 88:19	defines 64:2	developed 26:4
costing 14:16	24:11 25:18	89:6 90:12	definitely	79:8,9
costs 18:18	56:25 62:15,17	91:1,10 93:24	118:19	develops 146:13
counsel 6:4	62:19,20 83:6	94:6 95:11	definition 145:7	diagnosed 45:4
154:11,13	83:12,19,21	96:1,2 98:8	145:21	139:1
county 1:2 2:2	84:21 85:13,23	101:14 103:10	definitions 23:8	diagnosis 14:11
11:24,25 12:6	86:5 121:19	104:16 121:8	degree 9:23	74:10 77:1
12:9,15 13:15	122:19,21	121:13 122:14	dehydrated	93:4,5,16
63:21 154:3	123:6,7,22	122:25 126:18	141:7	140:10,12
155:3	124:5,12,13,18	126:21 127:1	delay 119:1	dice 64:9
couple 19:15	125:24 126:2	144:13 148:9	133:1,7 135:13	die 36:22,25
59:2 110:1,20	126:13 127:2,7	152:14 154:7	135:22 136:1	100:7 146:23
143:19 144:16	127:9,14,18	155:5	136:13 140:12	died 15:12 36:21
course 13:24	128:14 129:18	Davis's 126:4	deliberately	36:23 37:9,17
14:2,2,6 85:6	147:9,10,14,22	day 9:9 17:19	114:25 115:10	139:7 141:16
108:10 117:21	147:24 149:5,9	35:22 36:21,22	117:11	141:19
117:24 118:3,7	149:10	36:23 37:8,9	deligature 63:16	dies 37:15 92:15
146:18	Cross-Examin...	37:15,15 53:3	88:6 93:12	differed 108:24
court 1:1 2:14	5:6 144:11	154:15 155:8	deliver 69:12	difference 47:14
6:5,21,24 7:4	crosstalk 150:13	days 14:13	delivery 146:5	different 12:1
24:16,19 38:18	150:16	17:20 69:6	146:12	13:3 54:21
40:19 49:22,25	current 32:4	105:13,18,20	Delray 140:10	80:9 85:4,5
50:8,16 54:12	currently 8:13	days/year	Denney 3:3	90:15 109:4
83:16,18 113:5	cut 18:18 119:11	130:11	139:22	differential
120:10 123:15	142:22	dead 36:25	department	76:24 117:22
123:18 138:14	cutting 18:18	deal 18:2,3 64:7	13:17 141:8	differentials
143:24 148:15		dealing 35:3	departments	75:19,22
cover 21:15	D	38:13	12:4,18 13:8	difficult 54:20
24:22 45:9	D 154:1	deals 121:12	depending 14:11	119:13 121:2
66:10 95:4,17	D.O 1:14 2:4 5:4	147:16	19:11	difficulty 8:9
130:16	9:23 78:25	death 64:25 76:7	depends 90:8	106:7
coverage 66:9	154:7 155:5	76:10 137:19	deposition 2:4	DIMITER 1:16
130:8,9,10	d/b/a 1:12,13	debate 105:14	6:3 25:10	direct 7:10
covered 94:18	4:15	Decedent 1:6	27:13 32:9	135:1 149:24
99:6	damage 64:19	December 15:4	95:11 152:13	directions 25:19
covers 130:13,22	64:22	131:19	152:24 154:6	directly 82:23
crash 62:12	damaging 15:16	decided 19:22	156:22	director 8:14
crazy 88:14	date 2:7 6:1 39:9	126:3	depositions	9:12,13 11:22
credentialed	Date' 131:21	decision 41:9	150:23	11:24 12:8
65:20 99:25	Dated 154:15	147:5	description 5:14	13:5,14,15
130:6	daughter 1:7	decisions 93:15	23:10 116:13	15:8,9,10
Credible 155:18	Davide 30:8	declare 156:21	120:19	129:3,5,7,14
credit 65:12	Davis 1:14 2:4	deemed 148:5	despite 42:20	Director' 131:23
crit 103:13,21	3:16 5:4 6:3,10	defaults 66:9	details 104:4	Directorship
criteria 82:11	6:23 7:3,5,16	defendants 1:19	deteriorate 47:1	5:18 129:2
145:10	8:8 17:19	139:11	deteriorated	131:4,12,14,17
critical 22:25	73:12 78:1,8	defense 34:11	139:6	152:23

discuss 75:2,4 121:14 122:16	documenting 14:14	78:1,7,8,16,18 78:19,24 79:13	135:6,10 141:9 144:13 145:17	easier 122:10
discussed 25:20 86:19 129:20	documents 16:6 21:6,14,15,17	79:13,15,18 80:1,21 81:15	145:23 146:20 146:20,22	easy 58:25
discussion 8:6 50:12 74:25 152:15,19	21:18 25:19,24 28:11,24 34:12	81:16 82:15,20 82:23 83:20	147:5 148:9 149:13,13,19	editorials 112:23
discussions 22:4	38:13,25 40:11 87:22,25	85:8,11,17 86:10,18 87:8	149:20,24,25 150:1,4,9,9,24	EDMUNDO 1:4
dispositive 91:15	114:20 116:1,4 128:25	87:8,15 88:8,9 88:11,21 89:23	151:8,10,13,14 151:16,19	1:6 156:2
disputes 17:21 17:24 18:1,2	doing 8:13 11:19 24:7 68:18	90:12,13 91:16 91:18,21,25	152:4,4,6,6,13 draft 27:1	educated 70:16
disputing 77:16	73:16,20 85:13 94:19 99:18	92:1,4,10,14 92:18 93:5,18	drafted 28:25 drafting 21:6,10	70:17 73:21
dissatisfied 20:17	100:16 103:13 105:21 124:13	93:23,24 94:2 94:6,6 95:11	21:20,20 23:3 23:4 28:21	education 9:20
District 12:3 13:11 15:9	144:13 dollar 141:24	96:1,2,8,19,20 96:22 97:1,7	Drive 7:17 dropped 103:13	effect 69:3
22:13,21 26:5 28:23 31:14,22	Donald 4:19 doors 41:18	97:11,17,20,22 97:22 98:8,8	108:14,15 140:13,15,16	Effective 131:21
110:2,21 111:2 111:5,6,13,19	doubt 40:3 downhill 46:12	99:11,15 100:12,17,19	duly 7:6 129:15 155:6	effects 77:5
130:7	Dr 3:16,16 4:7 4:22,23 6:3,10	100:19,22,25 100:25 101:5	dump 18:6 53:19 114:8,11	efficient 14:13
districts 12:1,5	6:10,12,13,17 6:19,23 7:3,5	101:13,14,16 101:23 102:3,6	duties 15:24 16:1 20:9	14:19
diverticulum 139:1	8:8 17:19 23:14 30:8	102:8,15 103:9 103:10 104:7	24:10 25:23 28:17 83:12	egregious 35:16
divorce 137:17	31:11,13 35:17 35:24 36:2,6	104:16 106:9 108:24 109:3,6	130:3 145:5 147:15	either 14:13
Doc- 68:16	37:14,14 38:3 42:20 43:6,7	112:12 115:11 115:13,19	duty 36:13 83:22 84:1,12	19:10 47:10
doctor 14:13,19 42:9 58:4 68:1	45:6,6,24 46:9 47:20,24 48:2	116:2,6,18 117:4,13,15	85:7 127:17 DUVAL 2:2	68:9,10 71:3
68:1 78:10,13 103:21 104:7	48:19 55:3,8 57:20,22 58:4	118:24 119:14 119:24 121:8	154:3 155:3 DYLAN 1:7	89:13 132:25
113:23 115:7 120:7 137:16	59:8,12,13,16 59:17,23 60:11	121:13,14,16 121:23 122:14	El-Haddad 1:16 4:23 6:13	139:21
143:16,20 152:10	60:12,12,18,21 61:20,23 65:10	122:15,16,20 122:25 123:1	147:5 El-Haddad's 81:16	El-Haddad 1:16
doctor-to-doct... 68:3	65:25 66:13,25 67:6,23,24	124:4 125:4,5 125:11,16	eligible 10:21 eliminate 18:22	4:23 6:13
doctoring 11:16	68:9,10,20 69:13 71:12,13	126:1,4,4,8,11 126:15,18,21	156:1 emerge 53:12	59:12 60:12,12
doctors 68:1 75:19 114:9,11	71:25 72:1,25 73:11,12,16,16	126:23,25 127:1 128:9	emergency 10:5 10:6,14,16	60:21 61:20,21
117:5,9,10,15	73:22 77:25	129:15 131:5	11:11 12:18,21 12:23 13:8,16	67:24,24 68:10
document 39:1 44:21 49:11			13:20 42:10,12	69:13 71:13,25
81:2 122:9 128:23				72:25 78:2,19
documented 120:3				79:13,13,18

47:3 48:24 51:11,14,19 116:11 137:20 141:8 143:2,8 emotionally 15:15 employed 15:3,6 16:13 34:25 employee 16:10 154:11,12 employees 1:11 1:15 employment 16:7 EMTs 12:14 encountered 35:17 enforced 26:6 English 103:23 ensuring 130:10 entered 131:18 131:18 156:23 entering 133:10 entire 30:13 entities 13:5 entity 12:1 epinephrine 104:23 105:1 105:22 equal 30:23 31:19 ER 88:10 Erica 54:21 55:11 56:13 57:14,17,19,21 59:9,10,18,23 60:8,17 61:7 61:11,23 78:4 78:6 79:2,5,25 81:5 82:14 88:15 94:5 95:2,24,25 96:18 97:21 101:16 erroneous 93:15 150:2 eschoenthal@...	3:23 ESQUIRE 3:2,2 3:10,19 4:2,9 4:17 essence 42:5,11 48:7,25 107:16 107:20 essentially 69:3 97:14 105:3 129:10 Estate 1:5 et 156:2,3 evaluate 122:22 123:8 124:5,19 141:12 evaluating 93:10 93:13 evening 52:15 event 62:21 63:4 63:24 events 64:4 everybody 68:17 86:22 88:4 93:7,13 evicting 14:24 evidence 151:16 exact 26:4 45:17 46:16 99:14 exactly 20:11 26:21 41:22,24 44:21 52:22 59:19 84:5 132:11 exam 10:16,18 Examination 5:5,7 7:10 148:24 examine 37:1 Examining 81:2 excuse 61:13 121:15 145:24 145:25 excused 153:4 execution 131:20 executive 38:2 Exhibit 5:14	38:18,21 120:12 152:17 152:25 153:1 expect 14:11 27:2 112:3,14 112:25 113:23 113:23 114:6 115:6 118:16 expectation 118:21 expected 14:15 114:2 118:8 experience 10:25 expertise 128:2 Expires 155:11 explain 51:24 91:24 explained 103:12 106:6 explains 55:8 68:20 71:12 79:12 88:11 explanation 86:24 explore 121:22 146:16 express 35:24 external 62:8 extra 120:6 128:20 extrapolate 84:6 eyes 26:19	73:17 91:19 Falk 4:10 falls 145:20 familiar 30:1 families 20:17 family 6:8 far 22:12 54:25 56:16 98:13 119:6 120:3 129:13 fashion 113:24 115:5 faster 77:11 fax 39:9,9 federal 42:13 feel 79:14 113:2 113:6 feeling 35:19 109:25 110:20 119:4 felt 65:10 97:8 FF 155:11 fgb@searcyla... 3:7 field 12:12 FIFTEENTH 1:1 fight 109:9 figure 121:2 figured 59:19 filed 33:15,15 34:2 Filippone 54:22 57:15 59:17,23 67:23,25 68:16 79:2 95:2,18 97:17 101:13 101:23 120:17 124:1 150:11 152:5 fill 9:17 filled 116:16 filling 120:17 final 121:15 122:16 126:4 financial 18:15 financially	154:14 find 18:8 36:20 44:22 52:12 66:10 73:25 89:22 fine 59:13 94:1 96:15 106:2 135:23 140:11 finger 80:16 142:22 finish 112:18 116:7 124:20 finished 10:5,25 112:21 118:14 fire 11:23,23,25 12:1,4,4,6,9,16 12:21,22 13:6 13:15 firm 8:17 24:24 25:3 33:4,9 139:10 firms 33:5 first 7:6 11:8,11 11:12,16 28:24 32:24 33:13 35:9 39:1,1,19 39:20 42:13 46:25 55:2 76:20 79:2 88:1 92:21 96:20 99:3 102:3,5 129:14 131:16,24 141:2 146:15 five 27:18 29:11 29:15 80:2 137:9 flat 14:11 flew 140:10 Florida 1:2 2:1 2:10,14 3:5,13 3:21 4:4,12,20 7:17 9:22 10:4 11:5,21 129:16 137:10 154:2 155:2,10 fluid 105:20
--	--	--	--	---

fluids 71:22	132:10 133:4,8	69:11 72:2,7	42:22 52:13,17	122:8,19 123:4
folder 34:14	133:9 135:9,15	72:17,19 73:1	55:7 56:23	124:3 126:11
folks 57:4	135:19 136:4,5	81:6 88:14,17	77:11 81:4,21	132:7 138:9
follow 120:6	136:15 137:1	88:20 92:3	84:18 86:23	143:21,22
121:7 122:10	147:25 149:21	93:19 94:16	91:19 94:12	146:23
145:12 148:22	151:4 152:7	96:14,14,15	97:10 99:25	good 7:12 27:10
followed 142:25	156:23	98:3,11,16,20	104:4 110:13	32:17 50:10
following 52:21	formal 9:11	99:3,5,6,8,10	110:17 113:14	78:2 115:4
125:13	forms 21:20,21	100:14 101:7	113:17,18	144:14
follows 7:9	39:5,6	106:7 116:19	116:4 118:13	gosh 101:21
121:15 122:16	formulated	119:5 129:18	120:5,21,25	gotten 95:15
125:13 127:2	145:17	132:24	121:22 125:12	106:25
127:14 128:14	Fort 3:21 4:4	generalization	138:3,4 139:13	graduated 9:21
force 62:9	forth 122:8	107:25	144:4 146:2,24	Greg 6:7 61:16
forced 82:3	Forum 3:13	generally 17:1	147:21 149:20	GREGORY 3:2
foregone 36:24	found 19:17	48:23	150:1,4 151:15	gross 35:17
foremost 42:13	53:1	Georgia 2:14	152:6,16,20	107:25
form 19:25	four 16:1 23:10	getting 14:24	Goad 1:12 4:15	group 23:9,15
24:14 25:7	32:21 36:5	41:2 50:18	6:19 47:20,24	31:25 51:7
26:20 27:4	38:20,20,25,25	71:4 92:16	48:2,19 66:25	82:23 83:20
28:2 30:2	45:16 51:3	115:4,4 123:20	67:6	groups 21:8
40:18 41:6,14	71:16 80:2	128:2	God 7:2	guaranteed
41:19 42:3	137:9,9 142:7	gist 119:18	goes 37:13 46:12	128:11
44:15 46:24	fourth 120:24	give 6:25 27:14	59:6 87:15	guess 20:7 25:2
48:5,13,14,15	frequently 17:9	57:6 94:6	92:14 130:2	36:8 60:8
48:22 49:14,17	17:12	107:4,5,10,12	going 18:8,19	70:14,16,17
52:7,8 60:2,25	Friday 2:7	108:7 113:10	21:15 24:14	73:21 79:18
61:1 62:2,22	full 7:14	113:11,12,14	36:3,20,24	88:23 97:2
63:9,25 65:5,6	full-time 143:10	113:15,18	45:9,9 50:8	120:22 145:25
65:14 66:19,20	funding 92:17	114:2 132:6	52:13 53:22	guidelines 26:4
67:3,5,11,12	92:24 109:14	138:10	55:12,13,15	145:13,17
68:14 69:16,20	funds 139:16	given 44:24	56:23 57:23	148:6
70:23 72:5,11	funny 112:7	112:4,6,15	59:11,18,20	Gunshots 62:14
72:12,21,23	further 8:5	113:1 114:6	60:17 61:20	guy 92:10
74:7 78:11	48:18 92:18	118:17 146:10	73:12,17,25	guy's 33:23
81:13,14,25	121:15 122:16	150:2	75:2 77:13,25	guys 87:3
83:14 84:25	154:10	gives 105:12,17	82:12 88:9	143:23
85:1,15,24		105:19	94:1,6 100:7	
92:7 98:18,25	G	giving 70:6	104:10 106:1	H
99:1 100:9,10	Gables 4:12	112:23 123:16	106:10 107:6	H 5:11 155:1
101:10 103:24	Gardens 4:20	Glisson's 69:11	107:11 109:16	156:1
107:24 113:4	general 1:12,16	go 8:11 9:18	110:17 112:4	ha 88:13,13
113:25 114:24	1:17 4:15	12:17 18:19	112:15 113:1	habit 119:9
115:16 116:23	47:24 51:25	19:24 20:5	113:10,11,12	Haitian 141:4
117:18 123:10	61:21,22 65:2	22:8 23:16	118:17 119:11	half 41:17,25
124:7 128:6	65:19,25 66:2	27:6,15 28:3,7	119:16,17,18	48:20
130:15 131:9	66:16 67:9	36:4,17,18	120:7,21 121:3	hand 6:22 16:24

16:24 134:10 134:11 155:7 handle 56:10 handling 126:10 handwriting 121:1 hang 78:5,9 happen 108:8 118:22 132:19 136:24 happened 35:22 63:14 68:20 85:12 93:12 118:22 132:23 136:23 137:25 139:12 happens 77:24 117:25 150:23 Harbor 7:16 he'll 27:10 78:3 head 23:15 31:10 82:23 86:20 109:23 109:24 110:19 111:5 140:9 141:10 health 12:2 13:11 15:8 22:13,21 28:23 31:14,22 40:5 40:10 49:16 50:22 110:2,21 111:2,5,6,13 111:19 142:15 Healthcare 15:17 16:14 18:15 hear 8:4 15:14 33:13,17 76:3 143:23 heard 8:8 42:5 44:21 65:7 75:25 hearing 8:9 heart 26:24 66:7 Hecht 3:2 6:8 80:24 94:23	95:1 held 152:15,19 helicopter 140:10 Hello 78:4 HELLP 55:9 61:11 76:19,25 77:8 79:9 93:1 108:7 145:8,19 help 7:1 71:19 73:12 74:1 83:6,20 84:20 85:22 86:4 99:20,21 103:23 104:14 119:21 147:2 helping 85:12 hematocrit 103:13 108:14 108:15 hemorrhage 76:12 Henderson 1:18 1:18 4:7 6:17 37:14 61:23 65:10,25 72:1 88:15 94:2 97:11,17,20 98:8 99:11 100:12,17,25 Henderson's 99:15 100:22 Hernandez 4:10 Hey 96:1 109:6 119:2 Hi 60:17 95:25 96:1 144:13 high 75:23 76:1 76:5,7 high-level 17:6 high-risk 75:24 highest 68:6 hire 143:9 hired 18:16 history 70:7 87:16 hold 46:22 111:8	111:8 116:7 honest 53:14 hope 87:3 Hopefully 122:10 hoping 79:7 horribly 74:10 horses 116:8 hospital 11:1 13:8 14:12,15 14:16,25 16:22 17:11 20:14,24 24:4 28:1 31:22 34:14 35:15 37:11 39:21,22,25 40:8 41:1,1 50:20 52:1 53:14,19,21,23 54:24 55:20 82:20,21 85:16 93:1 116:20 130:5 138:17 140:23 142:2,9 142:10,12 hospital's 40:15 89:5 hospitalist 57:2 57:3 58:2,3,7 58:18 59:2,7 96:19 104:8 124:9,12 125:2 125:6,18 127:8 hospitalists 104:17,19 105:24 hospitals 17:13 18:4,17,23 56:8 143:13 hour 32:11 105:17 hours 17:19 41:17,22,24,25 46:17 48:20 69:5 105:13,17 105:19 107:23 139:6 141:14	hours/day 130:10 Hristov 1:16 4:22 6:12 hundreds 35:13 hung 78:6 92:1 92:3 Hunter 4:3 hypertension 93:2 hypotensive 104:3 hypothetical 27:7,15 66:21 <hr/> I <hr/> iatrogenic 63:24 64:4 ICU 24:4 55:14 56:10,12,16,19 56:24 57:24 58:8,10,11 69:8 104:9,17 104:19 124:13 125:20 idea 49:24 57:11 57:12 146:7 identification 38:22 120:13 153:2 155:17 155:17 immediately 108:8 important 40:13 43:22 44:23 68:4 87:12 149:18 impression 44:2 124:2 in- 128:3 in-house 130:8 inappropriate 96:9 incapable 17:13 inch 144:2 incision 146:3 include 99:16	132:9,17 incoming 89:10 increase 105:8 independently 1:15,17 indicating 80:17 122:7 indigent 111:14 individually 1:11,14 induced 145:15 infarction 137:24 information 43:1 44:20 71:7 132:12 150:2 informed 54:2 initial 150:8,10 initiates 86:12 injured 63:23 81:17 injuries 106:16 injury 62:8 140:9 145:15 147:21 institution 138:16 140:3 instruction 126:25 instruments 64:8 insulting 78:13 insurance 14:10 139:17 142:3,4 insure 136:22 intensive 22:25 24:10,11 85:18 128:4 130:9,14 intensivist 47:11 56:24 85:11 intensivist.' 58:1 intent 34:11 interactions 35:14 interested 15:18 154:14
---	--	---	---	---

interesting 64:12	10:4 19:17 142:10	6:11 61:2,17 83:17,17	105:23 106:6,9 106:12,16	Lauderdale 3:21 4:4
interface 17:3	James 1:12 4:15	143:22 144:15	109:7 110:25	laughing 96:5
Interfacility 145:16	Jay 3:20 79:22	kid 140:9	111:10 114:12	laughs 88:13
internal 58:21	jcw@bclmr.co... 3:15	kind 18:7 20:18 59:21 66:21	118:1 119:2,9	law 3:20 4:18 42:13 63:20
interpretation 74:19 108:23	Jeff 88:19 89:6 91:1,10	96:5 106:14 119:9	119:17 122:23 127:12 128:25	64:2
interpretations 109:4	Jeffery 152:13	knew 43:12	129:8 130:13	lawful 1:5
interrupt 106:15 150:21	Jeffrey 1:13 2:4 5:4 6:3 7:5,16	48:19 68:9,10	134:1,3,12,14	lawsuit 25:2 34:6 128:24
interrupted 119:12	78:24 154:7 155:5	know 13:4 15:15 16:24 18:4	134:16,18,20	lawyer 27:9,10
intervene 82:3	JFK 11:20 13:7 140:22,24,25	19:2 20:16,18 22:20 26:9,21	136:18 137:4,9	lawyers 8:9 32:16,17 33:4
intervention 149:8	Jim 4:25	26:23 27:7,9 28:20,24 29:2	139:14 144:16	33:4,5 151:22
intimately 22:11 28:20 30:1	job 11:8,11,12 11:16 13:7	29:6,22 36:5 37:7,8,8,10,16	145:23 146:9	layman 103:23
intubated 68:22	18:7 19:3,5,17	38:8 41:20,21	146:25 150:3,6	lazy 81:11,12,23
investigate 132:18 135:5,6	19:23 21:3	43:10,14,25	150:10,14,24	learn 41:16
investigated 136:25	23:10 40:14,15	44:1,12 45:1,4	151:7 152:18	leave 18:10 71:4 147:19
investigation 132:8,9	68:18 143:10	45:11,17,18,19	knowledge 26:1 97:24 99:2	left 18:14 31:4 94:10 105:22
involve 140:23	jobs 15:19 19:22 62:10	46:9,14,16	known 31:12,16	legal 21:16,17 33:14
involved 14:23 17:3 18:24	Joey 31:3,6	47:6,9,20,22	68:10,11 151:8	Lenard 94:5
21:5,9,19,24	John 3:10 6:9	48:1 49:7 53:8	151:9,10	length 14:9,20 14:21
22:4,11,14,20	Join 48:8 49:18	54:8,25 55:1	kpuya@puyal... 4:21	let's 8:5 9:18 13:3,19 15:22
23:2 27:24	joined 22:21	57:7,16,17	Kumar 96:20,22 96:23,25 97:1	15:22 22:8,19
28:21 29:7	Joint 29:5,19	60:12,14 61:3	126:23,25	22:19,22 26:17
35:23 36:1	judge 27:12	61:22 63:6,13	128:9	30:4 36:17
54:7,9 97:7	JUDICIAL 1:1	63:15 64:9	L	37:6,6 54:18
issue 97:6	July 154:15 155:8	65:2,10,17,24	L 5:1	54:18 73:7
issues 18:3 20:16 31:17 35:15	jumped 100:8	66:16,24,25	lacerated 63:3,7 63:15	76:22,25 80:12
40:3 110:22	June 2:7 6:1 18:11,11,12	67:1,4,8 74:8	laceration 108:1 114:13	81:4,21 84:13
133:2	JUSTIN 1:12	75:23 76:1	lacerations 107:9	84:13,13 86:10
It'll 112:1	K	77:9 78:15	ladder 73:17	89:19 95:4,4
J	Kansas 9:22	82:19,24 83:4	lady 38:9 49:23 65:12 75:23	95:14 102:17
J 4:15,17,18	Kaplan 66:13	83:5 84:5,9,19	99:21 138:25	116:4 120:5
Jacksonville 2:10 7:17,20	keep 53:14 122:8	84:20 85:21	lady's 146:6	125:12 151:15
7:23 8:15,23	keeps 54:9 105:11,12	86:3 88:19	laid 26:19	152:16,20
	Keith 4:17,18	90:11,16,16,24	Lakes 3:5	letter 34:11
		91:1,10,11,13	language 21:12	level 31:10 68:6 87:12
		92:16 97:2	lapse 10:11,12	license 12:14
		98:11,14 99:14	late 13:9 107:17 107:19	licensed 129:15
		100:13,13		lie 151:9
		101:17 104:18		
		104:22,22		

lied 110:4	98:24 99:10	73:11,16 77:25	129:4	134:22 136:7
lies 151:10,11	114:21	78:3,5,7,16	majority 107:1	144:19 147:9
life 100:1,8,18	living 8:13 12:25	79:15 82:15,20	making 93:15	Mary's/Tenet
ligation 146:5	Liz 123:17	86:18 87:8,15	malpractice	35:1
146:13	148:13,19	88:11 89:18	137:18	massive 108:2,7
ligature 88:6	LLC 4:15	91:18,21,25	manage 58:8,11	massively 108:4
107:22	long 7:20 10:20	92:10,14 93:23	132:13	material 29:7
limited 131:8	14:5 16:1	94:6 96:7,8	managed 111:13	34:14
line 79:13 80:1	23:11 44:5,8	97:7,22,22	management	materials 34:8
82:16 101:17	44:11 46:14	100:19,25	56:17	matter 33:14,14
121:24 122:12	48:21 62:20	101:5,13,16,23	manager 33:21	107:20 128:1
124:18 143:1	86:13 90:9	102:3,6,15	33:25 35:10	Mauro 3:12
156:5	longer 14:15	103:9 104:7	37:21	McKinsey 18:16
lines 80:2	look 14:22 18:16	106:9 108:24	managing 14:14	18:21
list 16:1	18:17 26:9,23	109:3,6 112:9	147:23	mean 9:4 11:14
listen 67:19	38:24 43:3	112:12 115:13	mark 38:18	15:20,25 16:5
92:23 109:7	54:6 67:15,20	115:19 116:2,6	120:8,11 122:7	17:23 19:1
literally 144:1	73:7 74:17,18	116:18 117:4	152:17	20:14 21:11,13
literature	74:22 75:12	117:13 118:24	marked 38:21	21:16,22 31:12
105:15	80:12 85:21	119:2,12,24	120:13 153:2	33:4,5 34:13
liters 71:22	86:2,3 91:22	121:14,16,23	marking 122:9	36:17 42:8,9,9
litigation 18:24	92:14 95:14	122:15,16,20	152:22	42:11 45:15
19:7	100:16 109:7	123:1 124:3	Marsh 7:16	53:18,18 56:22
little 7:13 8:12	112:2 113:14	125:4 126:4,8	Mary's 1:13,13	59:17 63:19
9:19 42:22	131:15 132:22	126:15 135:6	3:16 6:10 15:3	70:12 81:22,24
56:15 80:16	133:2,21	135:10 145:23	15:21,23 16:7	86:2 90:15
87:7 89:11	134:24	146:20 149:13	16:11 17:2,10	91:15 100:3,16
121:2	looked 26:8,10	149:20 150:1,9	17:15 18:7	100:21 103:18
lived 7:20	35:8 49:4 54:5	151:10,14	19:19 21:7	103:20 104:2
liver 51:15 55:9	67:16,21 75:10	152:4,6	22:9,14,16,20	104:17 109:11
61:12 65:20	75:16 86:16	Lopez's 38:3	22:21,22 26:6	122:25 124:12
66:18,22 69:10	115:18 133:16	73:22 93:5	28:9,10,23	127:12,25
72:18 74:15	133:21 134:3	100:19 124:4	33:19,20 38:10	129:8 131:4
76:13,13 79:10	134:12,14,18	150:24 151:16	39:6,16,25	132:17,18
87:18,18 88:2	134:20 151:16	151:19	40:2,11,25	138:2 143:2
88:12 93:2,14	151:19	Lorenzo 4:11	41:10,11,18	149:17 150:16
97:24 98:1	looking 75:6	lost 71:24	43:13 44:7,10	150:16,20
99:16,18 101:6	90:25 136:19	lot 21:9 133:12	50:19,21 51:3	151:24
106:8,11,13,13	Lopez 35:18,24	low 76:23 105:9	51:18,25 52:5	meaning 79:18
106:16 107:9	36:2,6 37:14	Lyles 3:11	53:24 55:24	94:12 127:14
107:21 108:1	42:20 43:6	Lynn 4:3	56:4 58:22	140:14
108:17,19	45:6,24 46:9		59:1,4 65:20	means 26:16
115:20,22,25	55:3,8 57:20		66:5 69:14	48:10 58:20
116:3,14 145:9	57:22 58:4	M	71:2,13 93:9	105:20 127:18
livers 48:2 65:4	59:8,13,17,23	M 3:19	109:8 116:9,20	127:20
65:13 81:7	60:18 67:23,23	M.D 1:12,15,16	121:17 129:3,4	meant 84:5 85:4
98:9,10,12,17	68:9,20 71:12	1:17,18,18	131:21,22	85:5,7
		4:15 86:19		

measures 30:14 30:17	mentioned 144:16	53:1	negotiations 21:9 22:13	86:18,22 89:13 95:18 97:17
Media 95:10	met 7:12 27:18	mortality 76:19	network 18:17	101:13,23
mediate 17:24 18:1 20:18	33:1,3 145:7	mother 110:24	never 23:11	103:5 116:5,5
mediated 17:21	mic 8:5	mouth 144:1	44:25 49:1	116:17,19
Medicaid 58:18 58:19,23,24	middle 37:12	move 8:5	111:2,3,3	120:17 124:1,1
Medicaid.' 58:2	53:16 87:7,8	Mukesh 96:19	128:10 136:23	126:9 150:11
medical 1:10,13 1:13 3:24 6:15	121:4	96:21,22,23	148:5 151:9	152:4
8:14 9:3,12,13	mind 81:22	97:1 125:5,16	new 81:11,23	nurse's 5:17
11:12,20,22,24	105:16	126:1,11	nicely 147:1	120:16
12:8 13:4,14	mine 80:13	multiple 13:3	night 25:14	nurses 55:19
13:15 15:3,9	minimize 40:16	42:17,23 43:11	32:25 37:12	87:23,25
15:20,21,21,23	49:12 50:22	44:20 45:2,5	52:18 53:16	nursing 30:19
17:1,18 18:22	minimizes 40:5	69:19,25 70:2	78:2 119:25	30:21 31:3
19:19 20:13,22	40:9	70:4,7 151:10	150:6	39:12
21:18,18 22:1	minor 1:7,7	myocardial	nine 17:20	
30:7,20 32:7	minute 15:7	137:24	ninth 82:19	O
33:14 34:9	24:22 52:14	N	nomenclature	O 5:1,1 154:1,1
38:2 40:4,9	73:23 108:13	N 5:1,1 154:1	39:22	155:1,1
42:6 51:11	minutes 27:18	name 7:14 33:23	non-English-s...	o'clock 52:20
62:4 64:5,7	47:4,7 57:23	33:24 57:16	141:5	70:18,19
73:24 77:3	86:12,13 102:2	92:21 96:20,25	nonoperative	oath 7:8
100:3 116:11	mis 111:17	138:18 139:19	106:17,18,19	OB 57:25 58:16
129:4 131:22	misleading	139:25 140:17	normal 59:24	58:16 72:18
133:22 137:18	56:15	141:18	Normally 60:4	OB/GYN 58:4
141:10 145:5	misrepresent	narrative 54:13	north 8:15	77:20
156:3	53:21	narrow 26:18	Notary 2:14	object 24:14
medicine 8:17	misrepresented	national 63:20	155:10	61:1,18 83:14
9:8,23 10:5,7	115:1,10 117:4	nationwide 8:17	note 149:18	92:7
10:14,16 11:11	117:7,12	18:17	notes 5:17 90:9	objection 19:25
12:21,23 13:20	misrepresenting	NE 4:4	120:16 154:9	25:7 26:20
58:21 129:16	114:14 117:6	necessarily	notified 52:19	27:4 28:2 30:2
142:24 143:2,8	117:16	93:25	52:22,23	34:18 44:15
143:8	missed 137:24	necessary 94:12	number 14:12	46:24 48:14
meet 145:9	mistake 117:17	136:8	27:24,25 35:23	49:19,20,20
meeting 17:6	mixed 95:15	need 23:16	36:5 45:17	50:5 60:2 62:2
38:2	Mmmmm 79:17	48:10 50:14	46:16 51:8	62:22 63:25
memorized 16:2	mom 76:8 77:5	55:14 77:18	54:19 59:22	65:5,14 66:19
16:3 30:3	moment 132:6	92:23 95:3	89:12 138:10	67:3,11 69:16
memory 35:7	monitored 28:22	136:6	151:23	69:20 70:23
45:12 91:20	months 19:15	needed 15:16	numbers 102:12	72:11,21 74:7
102:18,19	139:7 141:5	97:8 146:21	nurse 36:7,11	81:13,25 84:25
meningitis 15:13	moonlight	needs 48:24	54:2,8,9 55:11	85:15,24 91:4
mention 152:3	143:13	62:20 91:22	57:15 59:9,17	98:18,21,25
	morning 7:12	103:23 146:24	59:23 60:1	101:10 103:24
	25:14 33:1	negligence 34:9	67:23,25 68:16	107:24 114:24
	37:14 52:20,21	35:17	69:14 81:22	115:16 116:23

117:18 123:16 124:7 130:15 131:9 132:10 133:9 135:9 136:4,15 137:1 147:25 149:21 151:4 152:7 objections 27:11 obligation 49:12 50:20 123:23 obligations 144:17 147:9 observe 107:9 obstetrical 106:6 obstetrician 101:8 obstetricians 60:19 obtain 104:10 123:6 obviously 71:9 occasion 117:12 132:4 occasionally 83:20 occasions 82:9 137:15 occupational 8:17 9:3 142:15,24 143:7 occur 46:23 118:4,6 occurred 13:6 45:23 132:9 137:23 150:4 office 3:20 8:22 16:13 30:20 officer 15:21,23 17:1 18:22 19:19 20:13,23 30:7,21 31:3,6 62:4 73:24 145:6 Offices 4:18 official 155:7 oh 10:23 12:20	13:3 19:12 21:2 23:12,12 31:1 32:23 38:20 43:17 49:7 52:17 57:24 80:25 85:5 96:24 109:1 114:17 okay 10:15 12:22 14:1 19:13,18 21:2 21:13 22:6,19 23:12 24:20 25:15 27:23 29:2,10 30:23 31:7,15 33:25 34:16 35:5,23 36:7 38:4,24 41:10 42:1 44:1 49:3,22 50:4,7,8,16 51:3 53:18 55:6,23 56:9 56:13 57:14 58:1,17 59:13 60:7 61:20 63:3,15 65:10 66:14,16 67:1 67:8 68:2,19 69:23 70:11 71:11,19 72:16 73:4,7,16 74:13,17 75:1 75:19 76:1,25 77:20 78:23 79:25 80:12 81:4 82:14 83:18 84:3 86:18 87:7 89:6,13 90:3 90:10,21 91:3 92:23 94:8,20 95:8,23 96:18 96:22,24 97:1 97:16,20 98:6 99:17 101:12 101:19,25	102:4,20,25 103:5 104:12 105:7,21 106:21 107:3 108:5,23 109:1 109:20 110:13 110:23 115:4 115:12 117:5,7 118:23 120:18 122:5,6 123:14 124:18 125:8 127:8,18,25 128:21 129:6 130:2,25 132:2 132:6 134:24 136:10 137:10 137:12,15,25 138:8,24 139:12,16 143:1,15,21 145:11 148:22 150:20 151:15 152:20 old 92:15 141:5 on-call 47:25 60:23 65:25 66:2,5 116:19 117:1 130:9 once 22:16 41:9 41:10 42:25 43:12,14 45:14 121:3 122:21 123:5 124:18 151:9,9 ones 54:7 open 106:10 opened 100:23 100:25 operate 46:13 65:12 98:4 107:1,7 operated 140:11 operating 31:6 46:1 147:20 opinion 37:3 49:5,8 107:18 107:19 146:8	opinions 44:24 44:24 49:6,8 opportunity 27:15 orderly 11:14 orders 56:11,16 58:13 124:4 ordinance 63:21 organ 64:19 originally 11:1 15:9 74:16 87:22 outcomes 126:5 126:7 outlying 18:4 outside 130:17 ovarian 63:11 64:16,18 74:9 114:13 overall 56:17 overlapping 13:4,12 oversee 56:21 overseeing 59:20 owned 16:11 32:5,7 <hr/> P <hr/> P 154:1 P-u-y-a 24:18 P.A 1:15,16,17 1:18 3:4,12,20 4:3,10,18 p.m 2:8 39:15 70:19,21 78:22 153:3 pack 71:16 106:10 page 5:3,14 39:1 39:20,20 51:1 51:6,6,7,7,22 83:2 87:4 91:25 93:22 105:25 118:13 118:16 120:23 120:23,24 121:5 122:1,2	122:3,4 125:12 125:12 130:3 156:5 pages 16:1 23:9 23:10 38:20,25 51:4 90:9 paid 24:2,6 92:24 Paige 4:9 6:18 50:1,2,3 65:8 66:20 67:12 72:5,12,23 133:4 148:18 148:19 Palm 1:2,12,14 1:16,17 3:5,5 3:13 4:15,20 11:23,24 12:5 12:8,15 13:15 141:11 Palms 13:8 138:17 140:5,6 140:20 145:25 papers 100:6 paperwork 34:6 paragraph 130:3 131:16 131:24 paramedics 12:13,14 parameters 14:18 parents 141:5 Park 11:23 parse 100:21 part 16:23 31:5 51:4 55:23 70:14 86:15 97:18 99:10 138:12 139:15 145:4 146:12 152:24 part-time 12:20 12:21,21,22,23 13:16 partic- 19:23 participant 21:7
---	--	---	--	--

58:24 103:6 123:3 participants 54:2 126:9 participate 37:23,25 38:1 130:6 particular 147:4 150:14 particularly 19:22 64:13,18 parties 131:20 154:11 parties' 154:12 partner 1:16,17 partners 1:14 parts 122:12 patient 5:16 14:8,12,14,14 14:24,24 18:6 18:6 38:14,19 39:2 40:16 41:2,3,9,11,18 42:12,15 46:12 47:1,16 48:20 48:23,25 50:21 51:11 55:4 56:7,17 57:1 58:6,20 59:6 60:19 62:6,6,9 62:19 63:18,22 64:2,11 72:15 73:6,24 74:6,9 74:14 79:6 80:23 82:6,13 84:11,11 85:9 91:22 93:20 94:16 100:25 104:9 105:19 106:8 107:21 109:9,12,22 113:3 114:1,6 114:12 115:1 115:10 116:10 116:22,25 117:7,12 121:16,20	122:17,17,17 122:18,20 123:4 124:17 125:11 126:3 127:22,24,25 135:13,20,22 136:2,6 138:1 138:19 139:1,2 139:5,6,20 140:1,11,18 141:7,8,12,14 141:15 145:7 145:10,19,21 146:12,21,23 147:6,19,24 148:5 149:3,5 149:7 patient's 14:10 40:5,10 46:19 49:13,16 50:22 62:20 110:24 patients 9:9 12:11,12 17:12 20:13,15,17 23:21 24:3,5 24:11,11,13 35:14 42:14 50:19 53:20,22 56:10,12,16 58:9,11,14 62:16,17,25 63:1 81:17,19 82:2,9 83:22 85:19,19,25 93:1 100:15 115:6 127:11 130:17 131:8 142:18,21,24 143:12 144:24 147:16 pattern 73:22 pay 14:10 paycheck 16:15 paying 25:5,5 payment 139:16 peer 17:4 38:1 74:25 75:3	133:10 penalties 156:21 people 9:17 14:20 34:10 49:12 53:15 58:3 87:20 97:25 99:21 114:20 115:13 130:22 143:7 150:20 perceived 146:14 percent 76:20 147:7 Perez 1:4,5,6,6,7 6:8 35:3 36:21 39:16 52:19 63:6 119:25 123:4 126:11 133:23 145:6 147:6 148:4 156:2 Perfectly 62:5 period 12:18 perjury 156:21 person 14:17 15:17 17:18 27:2 72:8 101:6 109:1 112:16 116:16 personal 1:4 33:7 49:5,6,8 151:1 personally 32:2 155:5 personnel 64:5,7 Phipps 2:9 phone 8:9 25:13 32:23 36:1,6 42:20 43:7 52:24,25 53:12 54:2,5 55:2 56:6 59:16,16 59:25 60:5,9 67:17,20 70:15 70:17 79:5,23 82:20 87:19	88:25 89:3,5 89:22,25 90:3 90:6,9 92:2 96:3 101:14 102:3,5 103:3 120:3 124:2 143:17 144:2 148:12 149:13 149:14,17 150:3,8,10,20 150:24,25,25 151:1,2,16,19 phones 151:25 phonetic 141:10 physiatrists 143:3 physician 12:11 42:10 45:24 55:22 56:2,2,3 56:18,20 58:21 59:25 60:24 70:6 104:5,5 128:4 129:15 137:20 139:2,4 physician-to-p... 87:9 103:9 physicians 9:15 9:16 14:20 17:4 20:10 21:8 27:25 53:15 55:19 59:1,3 83:21 143:3 Piccirillo 4:2 6:16,16 148:20 pick 109:9 place 2:9 3:13 46:15 52:15,16 70:15,18 76:21 91:2 101:2,4 130:21 151:1 Plaintiffs 1:8 2:5 3:8 7:7 Plaintiffs' 5:14 38:21 120:9,12 152:24 153:1 plan 84:17	plane 62:12 plans 121:15 122:16 please 6:4,22 7:14 8:3 26:11 28:14 51:1 113:5 118:14 120:9 123:16 124:21 plenty 44:19 49:6,7 point 13:18 15:2 21:22 39:15,19 50:10 51:18 61:3 66:12 74:6 77:10 99:5 111:10 114:10 127:15 145:4 policies 21:23,25 22:1,7,23 23:4 23:14 25:15 27:25 pose 27:11 position 9:10,11 10:13 12:10,11 16:18 18:22 19:13,18,23 30:9,10 31:1 31:18 32:5 36:10 62:18 114:23 positions 30:24 positive 53:6 142:6 possible 51:15 61:12 88:2 93:14 114:21 115:22 116:13 possibly 135:14 post-op 149:7 post-partum 79:9 postpartum 55:10 61:12 practice 9:7 77:21 129:15
---	---	--	--	--

136:19	29:24 43:24	put 13:19 28:12	quicker 110:6	84:16
practicing 9:9	70:9 86:13	30:4 42:25	quickly 41:11	really 8:4 21:16
10:14 12:14	89:1 106:10	68:22 89:11	48:11	39:20 43:17,18
preeclampsia	152:4	122:11	quit 112:23	44:17 51:6
76:4	problem 114:9	putting 13:10,10	quite 31:16 35:4	58:25 75:2
preeclamptic	114:11 135:10	Puya 4:17,18 5:6	54:23	93:25 97:7
76:2	135:14,17	6:11,11 24:14	quote 127:2,2	99:17 101:15
pregnancy	136:2,14 146:6	24:18 48:8	128:14,15	103:5,8,21
75:24	problems 20:5	60:25 61:2,13	149:24	105:6
preparation	procedures	61:16,18 63:9	R	reason 26:22
25:9 27:24	21:25 22:2,23	68:14 78:11	R 2:13 154:1,4	51:17,23 52:4
prepare 22:3	23:6 25:16	81:14 83:14,17	154:17 155:1	53:12 107:21
32:9	27:25 28:12	85:1,1 92:7	155:10 156:1,1	107:22 141:13
PRESENT 4:25	38:12,13	98:21 100:9,9	radiologist	156:5
press 93:25	proceeding	128:6,6 143:19	109:3	reasons 132:18
pressor 105:2	21:17 138:14	143:19,23	raise 6:21	recall 21:10,11
pressors 68:23	process 55:15	144:1,6,9,12	Ramsey 3:12	21:11 26:12,14
71:14 104:2,9	produced 7:6	144:15 148:2,8	ran 18:15	26:16 34:13,20
104:22	75:5 155:17,17	148:23 149:1	range 52:18	38:6 41:21
pressure 76:5,7	professional	149:12	rare 119:20	43:2,20 53:17
105:9,9	2:13 4:23,23	Q	rarely 76:14	63:14 75:16
presume 32:14	6:12,13,19	qualified 65:13	rate 14:11 76:19	79:21 80:18
32:16,17	154:5,18	99:9 129:17,24	rationale 26:22	91:17 132:5
pretty 15:15,19	profitability	130:5 145:6	Raymond 1:17	134:25 138:20
40:13,23 58:25	30:15	quality 30:14,16	1:18 88:16	139:21 140:8
60:14 98:4,6	program 10:4	132:22	read 25:10,12,15	receive 30:12
99:15 129:20	22:12 58:24	question 20:1	25:18 32:10,12	received 34:14
previous 81:16	111:14,14	27:20 28:8,14	43:5,6 50:14	51:3
primary 59:1,3	prohibited 24:6	33:10 46:7	55:4 69:24	recess 95:9
106:1	prolonged 41:20	48:3 51:8,10	84:13,15,17	recital 129:8
prior 44:6	promoted 31:6	51:22 61:14	94:9 112:19	recitals 129:13
private 139:2,4	protocol 145:11	62:23 66:24	121:2,6 124:14	recollection
privilege 133:10	provide 40:9	77:10 81:4	124:16,18,24	25:24 89:17
privileges 20:22	66:9 147:10,15	109:15 110:15	127:3 129:12	99:14 109:18
20:24,24 21:1	provided 126:21	112:19,24	130:19 131:15	recommendati...
38:3 56:8,10	127:9	113:12,20	131:24,25	94:4
56:11 57:24	providing 40:4	116:8,9 117:9	132:2 152:2,11	recommended
58:8,11,11	psaperstein@f...	135:1,25	156:21	18:21 116:20
65:16 97:25	4:13	136:11,12	reading 35:6	recommends
98:4,10,17,23	Public 2:14	146:10	61:14 84:8	51:25
99:3,15 104:9	155:10	questions 21:18	87:3 110:7,16	record 6:5 8:6
104:17,20	pull 24:15 36:3	27:11 110:6,14	120:10 122:1	50:12 75:9,15
105:24 142:9	pulled 109:14	113:16 143:20	132:4	95:7 122:11
142:12	purpose 71:23	144:16,20	ready 71:4	152:14,15,16
privileging	135:6	147:8,11	real 77:1,3	152:19,21
99:11	pursuant 148:6	148:10	reality 74:14	154:9
probably 21:22	pushed 111:23			recorded 36:14

53:9 54:3,20 68:17 79:13 80:1 149:18 150:11 151:2 recording 53:12 86:23 records 14:8 43:3,21,25 44:12,25 49:4 49:9 52:25 74:21,23 75:4 75:7,13 89:3 89:21 90:12 91:12 102:22 133:22,22,24 134:1,18,20 149:15 150:24 150:25 151:17 151:20,24 152:1 recruited 15:20 31:13 Red 71:18 Redirect 5:7 148:24 refer 35:7 reference 61:4 80:19,20 93:22 referred 149:19 152:23 referring 79:18 81:15 92:1 124:9 reflect 90:12 102:22 113:7 refresh 35:7 regarding 38:3 regional 1:10 3:24 6:15 15:16 16:13 156:2 Registered 2:13 154:4,17 regular 17:23 regularly 118:6 rehabilitation 143:4	rehydrated 141:8 reiterates 94:14 related 76:4 relates 148:4 relationship 16:21 30:18 31:9 146:11 relative 135:3 146:4 154:10 154:12 relatively 34:21 remember 27:3 33:16,23,24 35:3,5,8 52:22 54:22 68:17 71:6 75:6 86:23 88:1 96:19 120:19 132:11 137:14 139:25 140:17 141:18,23 144:20 147:11 remembered 35:12 remind 82:11 rendition 28:8 repairs 93:2 repeat 27:20 120:22 rephrase 40:7 replace 47:17 71:24 replenish 71:19 report 75:8,17 108:25 109:1 115:20 116:2 132:13 133:16 134:14 154:6 reported 2:13 109:2 reporter 2:13,14 6:5,21,24 7:4 24:16,19 38:19 40:19 49:22,25 50:8,16 54:12 83:16,18 113:5	120:11 123:15 123:18 143:24 148:15 154:5 154:18 Reporting 2:9 represent 18:5 34:17,24 Representative 1:5 represented 24:24 representing 25:1 represents 33:9 request 51:23 125:10 126:14 127:6,21,22 128:10,24 requested 126:16 154:8 requests 125:5 required 26:2 29:4 62:9,24 100:14 149:7 requirements 130:7 requires 42:13 51:12 85:17 116:11 rescue 11:23,23 11:25 12:6,9 12:16,21,22 13:6,16 residence 7:18 residency 10:6 10:25 resolution 139:8 141:21 respect 109:7,8 112:13 147:14 respond 34:12 119:8 responded 7:8 response 60:23 111:23 responsibilities 28:17,21 41:8	144:18,23 145:5 responsibility 35:1 66:8 147:14 responsible 40:3 41:2 147:23 restate 109:18 110:15 result 147:20 resuscitation 46:5 105:20 retake 10:15 review 13:23 14:7,8,17 17:5 17:5 26:7 27:24 38:1 54:16 74:25 75:3 111:12 120:7 133:10 154:7 reviewed 29:18 149:15 reviews 14:18 ride 12:13 right 6:21 7:12 7:23 8:1,8,11 9:7,10,18 10:2 10:9,12,23,24 11:6,10,12,13 11:18 12:7,17 12:24 13:1,18 13:22 14:4,7 14:23 15:2,22 15:25 16:9,13 16:15,18,25 17:8,23 18:9 18:13 19:13,18 19:21 20:12,12 20:21 21:2,5,5 21:14,23 22:3 22:25 23:1,5 23:22 24:1 25:4,9,22 26:15 27:1 28:11,19 29:15 29:17,21,25	30:9,18 31:12 31:18,21 32:2 32:4,4,8,12,19 32:24 33:2,3,9 33:15,17 34:8 34:23 35:2,12 35:19 36:12,17 37:3,6,23 38:7 38:11,12,13,17 39:5,8,15,19 39:22,23 40:13 41:5,16 42:2 43:8 44:13 46:9,12 47:9 47:24 48:18 49:11 50:13,25 51:10,17,21 52:4,12,16 53:4,5,25 54:1 54:5,8,18,24 55:11,16,17,18 56:1,19,22,23 57:5,6,13,15 57:19,22 58:10 58:15,17 59:5 59:8 60:10,14 62:12,13,18,19 63:6 64:7,8,17 65:2,19 67:15 67:16,19,22 68:1,6,9,13,16 69:1,5,13 70:25 71:3,10 71:11,14,22,25 72:9,22 74:2,5 75:12,15 76:4 76:8,18 77:7 77:12,15,23 78:15,20,21,24 79:2,25 80:6 80:12,16 82:5 82:17,18 83:4 83:10 84:24 85:21 86:7,9 86:14,21,22 87:10,15,21 88:3,4,6 89:2,8
--	---	--	---	---

89:9,15,16,19	133:14 134:12	107:21 114:21	79:25 80:3	second 24:16
90:5,5 91:5,15	135:1,4,5,7,8	115:20,22,25	81:5,5 82:25	49:22 65:24,25
91:16,19 92:6	136:18,22	116:3,13	86:22 88:9,11	98:20 101:24
93:3,4,6,8,10	138:18,21	138:25	88:13,16,19	section 150:13
93:17 94:3,7	139:8,19 140:7	ruptures 65:20	89:6 90:25	see 12:12 13:3
96:17,22 97:3	140:17 142:5,9	66:18	92:1,3,9,10,12	18:19 20:13
97:20 99:17	142:17,20		92:18,20 93:18	26:7 39:2,19
100:17 101:5	147:12 148:8	S	93:23 94:5,17	51:8 52:2,25
101:15 102:17	149:9,12,25	S 3:2 5:1,11	95:24 96:1,5	55:6 80:4,5,15
102:24 103:12	150:11 151:3,6	126:17 154:1	96:18 97:5,21	81:8 83:2
103:13,16,18	151:22 152:9,9	156:1	98:7 101:16	86:10 89:10,19
103:19 104:4,6	rip 53:21	salaried 30:9	104:7,19	89:22 93:22
104:7,20,23,24	risk 33:21,25	San 4:11	105:25 107:3	96:11 106:5,8
105:3,11,21	35:9 37:21	Saperstein 4:9	107:11 109:6	107:10 108:25
106:15,23,24	40:5,10,16	6:18,18 49:18	109:20,23	109:11 115:23
107:14,17	49:13,16 50:22	49:21 50:2,2	112:25 115:22	121:9,24 122:3
108:10,11,12	75:23 76:1	52:8 65:6,8	116:10,19	125:11 126:22
108:15 109:6,8	Road 4:19	66:20 67:5,12	118:20,24	127:22,23
109:12,17,21	Robert 1:15	72:5,12,23	119:2,19	129:13 132:22
109:23 110:7	86:19 129:4	99:1 100:10	120:25 121:7	134:13 139:5
110:16 111:16	131:22	113:4,25	122:4,21 125:4	142:18,21
111:21 112:7	Roberto 35:17	123:17 133:4,8	125:11 129:9	143:12
113:22,24	Robinson 2:13	148:17	130:4,21 131:7	seeing 9:9 12:11
114:19 115:4,5	154:4,17	save 100:1,8,18	131:14	116:22,25
115:6,7,9,23	155:10	saw 74:19,24	scan 108:25	134:25
116:14,15	rock 45:8 117:8	108:25 109:1	Scarola 3:3	seen 44:25 79:8
117:13 118:10	Rojero 141:9	115:24	ScarolaBarnh...	152:2,8
118:24,25	room 42:10 46:1	saying 27:19	139:22	Select 32:7
119:8,19,23	147:20	30:24 46:18,21	scenario 148:3	send 34:3 79:7
120:2,5,7,15	root 37:23,25	46:25 70:20	scheduling	141:11
120:21 121:17	38:4	80:18,22 91:6	130:5	sense 85:4,5
121:21,24	Ross 4:19	103:22 105:23	Schoenthal 3:19	106:21 108:6
122:3,6,9	roughly 37:16	111:23 118:21	6:14,14 8:2,3	sent 74:21
123:8,12,23	rounds 20:15	151:7	40:18,20,21	128:23 141:3,9
124:6 125:3,4	rude 78:13	Saylor 134:6	41:6,14,19	sentences
125:6,7,14,15	rules 55:23	says 23:23 39:2	42:3 48:5,13	109:17 129:9
125:16,17,19	run 9:8 107:23	41:10 51:7,8	48:15,22 49:14	separate 12:4
125:22,25	142:14	51:16,22,24	49:17,19 52:7	serious 77:5
126:8,19,20,21	running 54:10	55:7,11,13	123:10 135:15	servants 1:11,15
126:25 127:10	111:5	57:17,21 59:10	135:19 136:5	serve 109:25
127:12 128:4,8	rupture 61:12	59:18 60:17,21	148:13,14	110:20 111:1
128:16,19,25	66:22 69:11	61:7,7,9,11,20	school 11:15	served 111:11
129:7,11,12,18	87:18 88:2	61:21,23 68:17	100:4	service 31:20
129:22,23,25	93:14 106:14	68:21 69:8	SE 3:21	56:8 58:7
130:11,12	ruptured 51:15	72:1,25 73:11	seal 155:7	125:3 127:19
131:15 132:16	55:9 72:18	73:11 77:25	Searcy 3:3	130:9 144:25
132:20,21	79:10 101:6	78:2,3,4,5,6,7	139:22	147:17

services 79:8 122:22 123:7 124:5,19 125:24 126:2 126:12 128:2 131:13 141:11 147:10,15	26:11 49:9 51:1 76:3 87:2 109:7 113:9 119:2 sit 100:6 site 146:17 situation 30:19 six 41:17,22,24 41:25 48:20 six-and-a-half... 133:7 135:12 135:22 136:1 136:13 skip 92:19 146:8 slash 126:17 slice 63:21 64:9 slowly 108:2 smaller 13:5 Smith 56:23 SMMC 121:16 122:17 solemnly 6:24 Solomon 4:10 solution 74:1,2 somebody 31:5 37:4 43:22 50:21 55:20 57:11 106:10 109:3,11 134:24 136:14 someplace 43:5 66:4 son 1:7 15:12 soon 64:21,24 124:4 sorry 8:3 15:14 18:11 24:16,19 83:16 87:24 118:25 120:24 123:15 124:22 141:3 sort 9:5 25:19 53:20 54:9,13 62:14 107:14 112:1 119:22 121:4 133:10 sought 10:15	142:12 sounds 112:11 source 71:6 sources 44:20 South 9:21 speak 8:2,10 60:20 79:16 91:17 126:17 126:18 133:18 143:22 144:5 speaking 49:23 speaks 59:8 specialist 56:25 specialists 23:20 143:4,9 specialties 129:17,25 specialty 134:9 143:2 specific 21:12 specifically 21:14 24:6 133:15 speech 113:11 113:14,15,18 spells 40:2 spoke 59:9 88:15 90:13 91:16,18 123:1 134:16 spoken 88:17 97:22 spouse 1:6 SR 1:18,18 St 1:13,13 3:16 6:10 15:3,21 15:23 16:7,11 17:2,10,15 18:7 19:19 21:7 22:9,14 22:16,20,21,22 26:6 28:9,10 28:23 33:19,20 35:1 38:10 39:6,16,25 40:2,11,25 41:10,11,18 43:13 44:7,10	50:19,21 51:3 51:18,25 52:5 53:24 55:24 56:4 58:22 59:1,4 65:20 66:5 69:14 71:2,13 93:9 109:8 116:9,20 121:17 129:3,3 131:21,22 134:22 136:7 144:19 147:9 stabilization 47:18 51:12 116:12 stabilize 107:12 stabilized 45:19 47:10,13,15 stabilizes 107:13 stable 42:14,16 42:19,21 45:8 47:9 49:1,3 117:8 staff 17:4 22:1 39:12,13,14 58:21 59:1,4 134:4,8 standard 40:23 40:25 99:23,24 standards 63:20 start 34:9 54:18 54:20 120:10 122:14 started 11:1,7 11:19 13:10,13 18:9 22:16 25:2 90:10 101:1 122:6 starting 9:20 starts 34:6 47:1 state 2:1,14 63:20 64:1 129:16,16 130:7 145:18 154:2 155:2,10 statement 112:8 statements	114:19,19 staunch 69:2 stay 14:9,12,20 14:21 staying 14:15 stenographic 154:9 stenographica... 154:6 step 81:18 stop 47:18 Street 2:9 stuff 59:21 96:10 subject 138:11 156:22 subsequent 146:5,13 subsequently 145:18 substance 94:12 156:23 sue 19:11,11,12 34:11 sued 137:6,13,16 138:22 140:12 suffered 46:10 suffering 114:13 suggest 94:3 suggests 82:14 suit 33:15 34:2 Suite 2:9 3:13 3:21 4:11,19 sum- 44:14 superior 30:6 supplemental 5:17 120:16 supportive 107:12 supposed 46:19 62:25 75:21 83:5,10 84:20 85:22 86:4 93:19 94:15 127:13 130:4 sure 16:4 26:5 27:21 28:15 37:11,22 40:8
--	--	---	---	--

40:15 46:20	66:10,11 72:2	77:1,8 79:9	21:11 22:8	69:13 79:6
49:21,25 64:23	72:3,7,8 73:1,1	93:1 108:7	28:11,16 36:18	88:8 152:6
65:1 69:24	77:16 88:5,12	145:9,19	57:19 60:21	temporal 146:11
73:15 75:22	88:14,17,20	system 13:11,13	61:5 83:8 87:9	temporized
83:9 95:4	92:3 93:20	13:14	88:8 93:7 97:2	47:12,14
99:16 101:21	94:5,15,15,16	systems 90:15	104:5 106:9	temporizing
103:2 118:20	96:14 99:6,8		116:1,2 117:13	47:17 105:19
124:8 126:16	99:10 100:15	T	118:16 122:12	ten 57:23 80:2
132:19 146:3	100:18 105:6,7	T 5:1,1,1,11	125:1,2,25	86:11
surgeon 46:18	106:7 118:2,4	154:1,1,1	127:13 137:16	tend 106:17,17
47:2,25,25	118:9 119:5	155:1,1,1	137:18 148:3	106:18 107:9
51:25 56:25	125:21 127:10	156:1,1	150:18	151:13
59:12 65:3	129:17,18,21	tab 54:10	talks 23:15,17	tendering 87:2
66:1,2,16 67:2	130:8 134:10	take 10:18 14:2	23:19 57:20	tends 108:1
67:9,9 69:12	134:11 146:11	16:9 17:14	92:16	Tenet 15:17
72:17,19 81:6	149:14	20:8 22:19	taught 100:3	16:11,14,16,18
83:23 84:2,12	surgical 1:13	24:2,10 35:2	team 16:23 20:8	18:14,15,21,25
85:12,18 88:12	4:16 22:24	38:7,24,24	30:13	21:7 25:3,5,6
91:22 96:14,16	23:21,22,25	41:10 57:1	telephone 32:10	32:6 33:10
98:12,23 99:3	83:19,21	62:15,25 65:3	32:22 35:6,8	34:16 129:3
99:24 101:7,7	127:11 128:3	66:6 68:17	35:24 36:14,19	131:21
109:24,25	139:4 146:17	69:21 73:7,18	38:8 45:10	tenth 82:20
110:19 116:20	surgically 152:6	81:6,18 82:6,9	52:13,14,14,17	terminated 19:2
117:1 127:20	surmised 44:14	82:12 84:10	53:9 54:19	19:3
127:21,23	surprise 67:8	85:18 91:22	59:22 60:7	terms 30:23
132:25 139:5	surrounding	95:3,5 96:15	78:22 101:12	145:14
144:18,19	18:3	98:7,11 99:8,9	102:12 114:22	Terrace 4:4
surgeon's	surviving 1:6,7	100:14 104:8	134:18 151:23	testified 7:8
144:23 147:15	1:7	131:14 136:20	telephonically	25:22
surgeon/critical	survivors 1:5	146:21	3:24 4:7,14	testify 27:17
128:3	suspected	taken 2:5 27:13	tell 7:14 9:19	testimony 6:25
surgeons 23:13	145:19 146:6	73:24 91:2	10:24 14:19	147:13
23:17 24:5	suspicious 69:10	111:25	16:25 27:9,10	thank 7:4 24:19
25:23 26:2	sustained	takes 70:17	34:23 54:21	78:2 81:1,1
28:17 62:11	147:21	talk 15:22 20:17	57:21 58:23	119:20 123:18
65:19 85:8	suture 63:10	22:22,23,24	73:19 94:13	128:19 143:16
98:4,16 99:6,7	Suzanne 2:13	61:24 76:25	103:20 113:18	148:9,17 152:9
99:24 127:15	154:4,17	82:8 98:8	113:19 114:10	thing 9:5 13:12
127:16 129:23	155:10	110:17 114:21	115:7 127:5	25:20 26:21
129:24 130:5	swear 6:5,24	121:11 133:14	149:25 151:9	27:3 53:20
145:12,13	swells 76:13	talked 20:15	151:10	54:14 62:14
147:10,22	sworn 7:6 155:6	32:18 62:10	telling 29:25	76:23 88:14
surgery 1:12	symptoms 77:19	82:23 89:17,18	72:18 74:24	90:22 92:12,13
4:15 22:24	synchronized	105:13 120:15	81:22 87:20	100:17 109:8
31:10 37:13	90:20	123:20 125:14	92:4 110:12	109:21 119:20
46:15 47:2	syndrome 55:9	126:19 132:16	117:11 149:19	126:1,23
61:21,22 66:4	61:11 76:19	talking 11:16	tells 45:6,7	things 28:10

53:16,18,18	141:5	71:3 72:3,7,9	41:10 42:15,16	83:5,9,22 84:1
59:18 74:1	till 10:10	74:18,22 82:1	42:19 48:20	84:11,12,19
76:12 78:16	time 2:8 6:2	87:13 103:18	50:21 51:4,19	85:7,12,18,19
83:6,12 84:21	12:19 13:8	105:17 108:13	51:23,25 53:12	85:25 86:3,6
86:5 94:10	20:12 22:22	110:10 116:18	53:19 54:9	86:20 91:22
99:16 106:6	24:3,4 26:8,10	127:6 128:13	55:4 56:7 58:5	92:11,13,25
117:6 132:19	26:18 31:4,5	133:15,15,21	82:11 87:22,25	94:15 97:7
136:23	31:11 36:13	142:14 146:20	91:7 116:1,4,5	98:7,11 99:7,8
think 16:2 34:7	37:8,16 39:10	146:22 149:1,1	116:10,20	101:7 104:10
37:21 50:1	41:21 42:5,11	149:12,13	120:16 123:25	104:11 106:8
53:1 61:25	44:22 45:1	151:11	126:10 145:16	108:2 109:13
73:20 75:11	48:7,25 62:4	Tom 134:6	146:23	109:24,24
82:22 88:16	70:1,3,5,10	tomorrow	transferor 39:25	110:1,3,9,19
94:11,11 95:17	77:11 89:24	107:15,17	41:1 59:25	110:21 111:1,9
98:16 101:2,4	93:13 95:6,11	112:1 119:22	transferred	111:15 119:5
102:21 106:9	101:24 107:16	tonight 68:21	35:14 38:9	122:22 123:7
107:6,8,11	107:20 110:22	92:15 107:7	42:14 48:11,24	123:21,21
111:12 114:18	110:22 111:6	top 89:7 122:4	49:1,4 50:19	124:5,9,19
114:22,25	119:4 120:17	totally 114:14	56:6 88:9	125:2,2,24
115:2,12 119:3	123:9 132:2	touch 93:19	136:7	126:2,12,14
119:17 121:2	137:12 138:8	94:16	transferring	127:9,15,16,19
122:1 133:24	138:22,23,24	tracks 14:18	39:21,22 40:8	127:20,21,23
133:24 134:23	140:4,7,21	Trail 11:23	40:15 41:9	128:2 129:17
135:12 138:5,7	141:1,9,9,15	trained 143:8,8	50:20 53:14,19	129:24 130:5,6
140:22 142:6,8	142:5 145:4	training 10:22	53:23 55:20	130:8,9,13,13
149:1 150:8	150:19 151:12	31:13 141:2	58:6 133:1,7	130:17,22,23
thinking 96:6	152:12	trans- 80:10	135:13	131:2,5,6,8,13
thinks 72:18	timeframes 13:4	transcribed	transfers 17:11	140:10 144:18
87:17	timely 112:4,6	61:25 106:24	38:14	144:18,19,23
third 118:13	112:15 113:1	transcript 61:14	trauma 1:14,16	144:24,24
120:23	113:24 115:5	67:16 90:25	1:17 13:11,13	145:7,10,12,13
thought 56:13	118:18	154:8,8	13:14 15:8,10	145:14,16,21
74:18,22 94:18	times 32:18 36:5	transcriptionist	22:6,6,11,23	147:6,10,15,16
102:7 112:5	42:17,23 43:11	150:17	22:24 23:9,13	147:22 148:5,6
124:22 131:4	45:1,12 54:13	transcriptions	23:17,21 24:3	149:2
146:15,16	54:21 90:18	80:10 152:2,3	24:4,8,13	traumatic 62:21
thousands 35:13	91:12 133:16	transcripts	25:23 26:2	63:3 147:20
threat 110:11,12	137:8 144:17	25:12 35:6	28:16,17 31:10	traumatically
threaten 147:3	timing 90:15	67:16,20,21	56:25 57:15	63:23
threatening 96:9	title 131:10	151:2	59:9,12 61:9	traumatically-...
threatens	today 25:10 43:6	transfer 5:16,17	61:10 62:6,9	145:15
109:13	61:12 152:8	17:10,21,22,24	62:11,11,17	traveling 88:5
three 8:24,25	Today's 6:1	18:3 21:14,15	63:1,17,22	treat 20:19,22
29:22 32:21	told 27:23 37:21	21:23 25:13	64:2,10 67:2,9	46:1 65:13,20
36:5 45:16	42:20 43:7,15	36:8,11 38:14	72:3,8,15,16	treated 45:20
59:3 90:9	43:19 56:6	38:20 39:2,16	72:25 73:2,3	64:17,21,24
137:9 139:7	57:22 67:4	40:4,11 41:1	79:8,14 82:2,9	66:18 85:13

treating 41:3 45:22,24 46:6	Uh-huh 26:3 85:10 101:5	133:1	142:22	95:5 107:14
treatment 40:4,9 45:25 105:4,6	108:18 112:14	unstable 44:3,6	walk-in 142:19	110:6 111:25
105:7,8 106:17	126:15 135:12	44:9,11	walked 20:14	119:22 120:8
106:19,20	150:3 152:1	untreated 64:21	141:4	121:22 152:11
trial 138:3,4	ult- 139:14	unwilling 17:14	want 27:20	152:17
139:13,14	ultimately 139:6	update 94:7	45:11,11 48:1	we're 21:15
troubles 18:16	140:13	126:21	48:18 50:21	28:11 36:3,18
true 50:23 77:6	ultrasonograp...	upper 69:9	53:19 57:21	45:9,9 52:13
81:12 85:3,23	109:2	upset 92:2	64:10 69:23	59:11,15 67:22
86:8 98:2	ultrasound 69:9	upside-down	78:7 80:24	68:17 80:3
100:23 102:18	74:16,17,19	39:9	82:14,25 84:15	86:23 90:25
104:1 108:20	75:8,17 106:12	urgent 8:25 9:2	93:25 95:17	93:15,19 94:15
110:25 116:21	108:22,24	142:16,17	97:10,20 98:8	95:7 97:2
116:25 117:16	109:2 115:25	use 64:12	100:22 103:2	109:16 110:17
117:23 149:23	132:13 133:16	uses 69:19 90:22	109:8 112:3	118:14 121:4,6
154:9 156:22	134:13	usually 63:5	113:14,15,19	125:13,25
truth 6:25 7:1,1	Um 80:3,11,15	107:4	120:22,25	127:13 133:9
110:10 115:8	138:25	utilization 13:23	121:11 128:23	148:3
try 18:6 26:17	Um-hum 62:7	14:3,7,17 17:5	wanted 79:15	we've 32:18
69:2 73:25	unassigned 59:6	111:12	93:24 97:7	44:25 59:19
100:8,18 114:8	unavailable	V	102:25 141:11	79:25 86:19
115:14	51:13 116:12	various 90:18	wants 55:3	87:19 95:17,17
trying 33:23	uncommon	129:21	60:20 79:7	101:21 106:7
59:18 73:24	76:17	vasculature 69:2	96:15 99:21	118:16
77:10 91:24	undersigned	vasopressors	109:21	Webber 3:10 6:9
105:3 109:11	155:4	68:24 69:1	war 119:3	6:9 8:5 19:25
109:18 114:10	understand	71:14	wasn't 19:3	25:7 26:20
144:3	26:17 64:4	vast 107:1	46:11 64:14	27:4,17 28:2
tubal 146:5,13	131:3 147:13	verbs 64:12	83:9 108:20	28:13 30:2
turf 119:3	understanding	video 6:3	149:6	34:18 44:15
turn 39:8 50:25	42:15 98:13	Videographer	watch 40:17	46:24 48:14
51:21	100:24,24	4:25 6:1 95:6	way 11:15 13:19	50:1,5,7 60:2
turns 45:7 77:12	121:1,21 123:2	95:10 152:12	29:7 30:4	61:1 62:2,22
77:15 88:5	125:8 144:22	violation 73:6	35:21 42:25	63:25 65:5,14
94:2	understands	visit 14:10	63:17,17,21,22	66:19 67:3,11
two 29:5,7,19,22	126:10,11	volume 47:17	64:10 65:11	69:16,20 70:23
45:15 59:3	understood	71:24	72:15 78:17,18	72:11,21 74:7
60:4 62:10	42:23 123:8	vs 1:9 156:2	78:18 84:7	80:7,9 81:13
68:1 71:22	uninsured 18:6	W	86:2 87:17	81:25 83:17
106:25 132:3	unit 130:10	W 126:17	100:21 101:2,3	84:25 85:15,24
143:9	131:5 144:19	Waas 4:10	101:4 112:4,6	87:3 89:24
Type 155:17	147:9,15,22	wait 46:19 73:23	112:15 113:1,2	90:3,6,10 91:4
Typically 14:9	units 71:16	waiting 82:17	113:6 118:18	91:6,11 98:18
U	University 9:21	walk 62:19	ways 18:17	98:25 101:10
	9:22 10:4		we'll 23:16	102:5,8,10,13
	unreasonable		24:15,22,22	102:21,25
			38:18 41:10	103:24 107:24

113:20 114:24	went 9:22 10:3	115:17,19	137:19	51:7 76:20
115:16 116:23	10:21 23:8	123:4 124:1,8	wrongly 27:12	1(st) 131:19
117:18 124:7	65:11,12 88:1	130:16 131:10	wrote 88:1 116:6	1:51 152:12
124:20 130:15	132:17 139:14	132:11 133:12	122:23 123:13	1:56 2:8 153:3
131:9 132:10	weren't 71:9	135:10,18,20	<hr/> X <hr/>	10 130:3
133:9 135:9	85:21 86:15	136:6,16 137:2	X 5:11 51:23	10:00 52:18
136:4,15 137:1	88:6 100:4	148:1 152:8	<hr/> Y <hr/>	70:18,18,21
138:9 143:17	West 2:9 3:5,13	153:3 155:7,18	yeah 11:17	10:14 78:22
143:21,25	13:8 138:17	wondering	12:20 15:25	79:23 86:11,12
144:8,10	140:5,6,20	146:15	18:20 22:10	10:24 86:14 90:2
148:11,19,21	141:11 145:25	word 69:21	31:1 32:11,18	90:11 102:2,7
149:21 151:4	whatsoever	73:18 80:3	40:22 48:10	10:27 89:9 90:4
152:7,11	111:2 113:7	words 83:11	54:23 77:9	90:13
Webber's 24:24	When's 26:18	84:22,24 86:6	79:11 80:25	10:30 52:18
33:4,9	132:2	106:25 145:12	81:10 89:6,12	70:21
weed 18:7	whoa 63:8,8,8	147:19	94:18 97:9,13	10:40 52:18
week 17:20	whoever's	work 12:18 50:6	97:22 100:3	100 3:21 147:7
weekend 14:6	127:15	100:7 143:1	104:2,16,21	10th 18:11,12
Welling- 116:5	William 1:13 2:4	worked 16:24	105:25 106:2,5	11:03 2:8 6:2
Wellington 1:10	5:4 6:3 7:5,16	67:1,9	108:16 110:8	11:09 101:20
3:24 6:15	95:11 152:13	workers' 9:4	117:5 119:8	102:1
38:10 39:23	154:7 155:5	working 11:15	125:1 127:6	1100 3:21
40:2,8 41:17	willing 50:19	11:20,20 13:7	146:9 149:11	12:37 95:6
42:17,24 43:3	57:1 81:16	13:10,16 53:3	150:22	12:48 95:12
44:11 45:5,7	147:1	59:15 80:9	year 7:21,22	120 5:17
45:13 46:1	willy-nilly 56:23	93:3 97:24	12:15 17:12	1335 7:16
47:11,25 49:9	Wilson 4:25	140:22	years 12:9 13:2	135 4:11
49:12 57:11	Wit 1:6	wouldn't 18:1	17:20 26:13	13th 154:15
60:19 65:3	witness 5:3 6:6	135:21	27:2 28:21,22	155:7
66:17 69:8	7:6 8:4 20:3	wreck 62:12	29:5,7,19 31:8	140,000 12:15
71:4 72:3,7,17	26:21 27:21	66:3	31:16 77:20	1400 2:9
74:20,23 75:7	28:3,16 30:3	write 56:11,16	92:15 132:3	144 5:6
75:9,16 79:6	34:20 40:22	58:13 87:23	151:8	148 5:7
81:6 87:23	41:20 46:25	121:19 127:1	yelling 150:18	153 5:18
93:1 114:20	48:16,23 60:4	127:13 128:13	you-all 101:24	16 12:9
115:13,15	61:3 62:24	128:14	103:6 115:14	1601 3:13
117:3 132:9,12	63:10 64:1	writes 112:25	young 38:9	17 95:2,18,21
132:17,23	65:7 66:21	writing 28:12	65:12 75:23	149:17
133:15,18,22	67:4,6,13	written 122:22	99:21 146:6	18 103:15,21
134:21 135:3,5	69:17,21 74:8	124:19	<hr/> Z <hr/>	108:15 149:17
135:21 136:19	78:12 80:11	wrong 18:5	<hr/> 0 <hr/>	19 13:9 130:3
136:25 145:24	81:2,15 82:1	56:14 72:9,10	<hr/> 1 <hr/>	1972 9:22
145:25 146:1	83:15,19 85:16	72:19 74:10		1978 10:1
146:22,24	85:25 90:18,22	99:22 106:25		1980s 13:9,21
147:2 156:2	95:3 99:2	117:5,10,11,15		1981 10:5,6 11:3
Wellington's	107:25 108:6	117:20,22		1984 13:6
40:14 72:19	113:6 114:1,25	Wrongful	1 5:16 38:18,21	1990s 13:9

1991 13:13 29:1 29:10,10 31:14 145:17	30 2:7 47:4,7 102:2 151:8 155:6 301 2:9 305.447.6500 4:13 30th 6:1 18:11 32202 2:10 33146 4:12 33305 4:4 33394 3:21 33401 3:13 33409 3:5 33418 4:20 360 130:10 365 130:11 38 5:16 3rd 3:21	8 8 51:22 87 18:23		
2 2 5:17 51:6,6,7,7 95:10 120:9,12 122:2 20 101:22 121:5 121:6 20-year-old 15:12 200,000 138:5 2000 15:11 138:7 2001 29:11,14 2006 15:12 2007 10:10 15:4 15:4 18:9 2011 29:14,21 2012 131:19 2014 29:21 39:10 134:7 2016 18:11 2017 2:7 6:2 154:15 155:6,8 2019 155:11 207924 155:11 2139 3:5 21st 37:13 39:10 70:19,21 22:40-some 121:5 2209 4:4 225 4:19 22nd 4:4 37:12 37:13 71:1 24 17:19 130:10 139:6 155:11 29 92:15	4 4 122:2,4 125:12 125:12 4-11 120:23 4,000 17:11,11 40 102:2 139:11 400 3:13 4880 4:19	9 9:23 39:12,15 52:17 954.449.8700 3:22 954.463.0033 4:5		
3 3 5:18 51:8 116:9 122:3,4 152:17,25 153:1 3:00 52:20,24,25	5 500 4:11 502015CA002... 1:3 561.408.3772 4:21 561.659.5970 3:14 561.686.6300 3:6			
	6 6 103:15,21 108:15 6:30 68:21 600 12:13			
	7 7 5:5			